



**Saturday, May 20, 2017**

*Los Angeles Southwest College*

1600 W. Imperial Hwy, Los Angeles, CA 90047

9:00 am ~ Registration

10:00 am ~ Walk Begins

Join us to help raise funds for  
Camp Crescent Moon, the nation's first  
& oldest summer camp for children  
with sickle cell disease.

**Register Online by May 1st**  
[www.scdfc.org](http://www.scdfc.org)

For information please call  
(909) 743-5226 or  
email [patricer@scdfc.org](mailto:patricer@scdfc.org)



Participant's Name: \_\_\_\_\_ Age (if under 18) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Email: \_\_\_\_\_ T-shirt size  ADULT  CHILD S M L XL 2X 3X 4X 5X

**NOTE: Register by May 1st to guarantee t-shirt size**

I/We/My child is participating as a (check one):

- Individual Walker
- Team Walker - Four or more individuals

I/We are walking in  honor  memory of: \_\_\_\_\_

Team Name (for sponsored groups or teams): \_\_\_\_\_

**REGISTRATION FEE - Due by May 1st to guarantee receipt of Souvenir Wristband, Walker's BIB, & t-shirt.**

- FREE for persons with SCD (additional info required)** Quantity: \_\_\_\_\_ FREE
- \$25.00 per walker (ages 13+) Quantity: \_\_\_\_\_ @ \$25 each
- \$10.00 per walker (ages 3-12) Quantity: \_\_\_\_\_ @ \$10 each
- \$20.00 per **team walker** of 4 or more (ages 13+) Quantity: \_\_\_\_\_ @ \$20 each
- Children 2 & under FREE (does not include t-shirt) Quantity: \_\_\_\_\_ FREE

Registration fee enclosed in the amount of \$ \_\_\_\_\_ (see registration fee above)

**Virtual walker**, I am unable to attend but please accept my donation of \$ \_\_\_\_\_

CHECK  Visa  MasterCard  AMEX

Card #: \_\_\_\_\_ Exp Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ CVV code: \_\_\_\_\_

Signature: \_\_\_\_\_

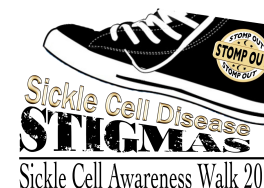
In consideration of being permitted to participate in the Sickle Cell Disease Foundation of California's - Camp Crescent Moon Walk-A-Thon, I hereby for myself, my heirs and personal representatives assume any and all risks which might be associated with this event. I further waive, release, discharge and covenant not to sue the Sickle Cell Disease Foundation of California, its officers, employees, sponsors, organizers, volunteers, or other representatives, or their successors and assigns, for any and all injuries or damages of any kind whatsoever suffered as a result of taking part in the event and any related activities. I also agree to the use of any photos, film or videotape of the event for fundraising purposes.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Name (if participant is under age 18) \_\_\_\_\_

Please ask your sponsors to make their tax-deductible contributions to the Sickle Cell Disease Foundation of California. The cancelled check serves as a receipt.

**Please return registration form and fee by May 1st to the:**  
Sickle Cell Disease Foundation of California  
3602 Inland Empire Blvd., Suite B220, Ontario, CA 91764  
Phone (909) 743-5226 • Fax (909) 743-5227  
Email: [patricer@scdfc.org](mailto:patricer@scdfc.org) web: [www.scdfc.org](http://www.scdfc.org)



**Sickle Cell Disease  
Awareness  
5k Walk-A-Thon**

Please deliver your contributions and sign up sheet to the Sickle Cell Disease Foundation of California no later than Monday, May 15, 2017. After this date, please bring all forms and donations to the walk on Saturday, May 20, 2017.

**ATTENTION: DO NOT MAIL CASH!!**

If mailing form please exchange all cash for a single check payable to: SCDFC (include phone number on check)

Name of walker: \_\_\_\_\_ Phone: (        ) \_\_\_\_\_

Sponsor Name	Telephone	Donation Amount	Cash/Check	Comments
	(        )	\$	<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____	
	(        )	\$	<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____	
	(        )	\$	<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____	
	(        )	\$	<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____	
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<b>Corporate Matching Gift(s)</b>		\$.		
<b>TOTAL DONATIONS</b>		\$.		

Please photocopy and attach additional sheets if necessary. Please check to see if your company or your sponsors company has a *Matching Gift Program!*  
Forms available at [www.scdfc.org](http://www.scdfc.org) or [www.campcrescentmoon.org](http://www.campcrescentmoon.org)—Walk-a-Thon

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