



North Alabama Sickle Cell Foundation, Inc.

**Sickle Cell Anemia Walk-A-Thon
Individual Registration and Permit to Walk Form**

Date: _____

In order to walk, complete form and mail or fax (Please Print)

Name _____

Address _____

City _____ State _____ Zip _____

Phone Work _____ Home _____ Cell _____

Email _____

Registration Fee Per Individual to include a T-Shirt **\$50.00** _____

Name _____

T-Shirt Size: _____ M _____ L _____ XL _____ XXL _____ XXXL

WAIVER: I hereby waive all claims against NASCF, sponsors, personnel, volunteers, board or staff for any injury, I or my child might suffer from participation in this event and/or travel to and from this event. I grant permission for organizers to use photographs or video reproduction of me or my child and quotations from me or my child in legitimate accounts and promotions of this event via electronic, regular mail of the North Alabama Sickle Cell Foundation, Inc.

Signature X _____

(Parent or Guardian's signature if less than 18 years of age)

_____ Send me more brochures & posters. I will put them out at work/school.

_____ I am unable to walk but would like to volunteer.

_____ I will mention the Sickle Cell Walk-A-Thon in my corporate newsletter. Please send me a press release.

_____ I am unable to walk, but accept my check for \$ _____. (Please enclose)

_____ I have Sickle Cell Anemia and would like to know more about the Foundation.

_____ I do not have Sickle Cell Anemia, but am interested in the Foundation. Send me more information.

_____ My company has a matching gifts program.

_____ I am walking for someone with Sickle Cell Anemia.

Their name is: _____

Return your registration form to:

The North Alabama Sickle Cell Foundation, P. O. Box 813, Huntsville, Alabama 35804

Or bring by the office at:

224-B Church Street, Huntsville, Alabama 35801

Speed registration: Fax (256) 536-2714