DONORS FORM

(Please Print)

Participant's Name: _____

Address: _____

City _____ State _____ Zip _____

Phone: _____ Cell Phone: _____

Your Organization's Name: _____

Address: _____

Phone: _____

Enclose this form with your donation and mail before **June29, 2008.** Send a check or money order payable to **SCDAI** for the total amount of your donation to:

SICKLE CELL DISEASE ASSOCIATION OF ILLINOIS
200 N. MICHIGAN AVENUE-SUITE 605
CHICAGO, IL 60601-5908

Sponsor	Address	Phone	Donation

INDIVIDUAL REGISTRATION FORM

(Please Print)

First Name: _____

Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone _____

Cell Phone: _____

E-mail Address: _____

Donation Amount: _____

T-Shirt Size (please circle one): **(M) (L) (XL) (XXL) (XXXL)**

By submitting this form or by participating in this event, I hereby release any and all rights and claims for damages that I may have against you, the municipality the Walk-Jog-Bike-A-Thon takes place in, as well as any other persons or organizations affiliated or connected with the Walk-Jog-Bike-A-Thon, their executors, successors and assigns for any and all injuries that I may suffer while taking part in the Walk-Jog-Bike-A-Thon or as a result thereof. Also, by participating in this event I release any and all claims for compensations for any promotional photography in connection with the Walk-Jog-Bike-A-Thon that may be used in other promotions and events hosted by the Sickle Cell Disease Association of Illinois.

Signature: _____

Please send this form back via U.S. Mail by June 1, 2008, with your pre-registration fee of $50.00 per participant. $75.00 registration fee after June 6, 2008 and any other donations you may have received by then. Please send check or money orders only made payable to Sickle Cell Disease Association of Illinois (SCDAI).

www.sicklecelldisease-illinois.org
Phone: (312) 345-1100 Toll-free (866) 798-1097