Walk or Run for Sickle Cell

Group Participant Application/ Entry Form

First Name _____ **Last Name** _____

Address _____

City _____ **State** _____ **Zip** _____

Phone ( ) - _____ **Date of Birth** ___/___/___

Email _____ Male / Female **Please Circle One**

Emergency Contact Name _____ **Emergency Contact Number** ( ) - _____

Group Name: _____

Please list the individual names on the back of this application.

EVENT: ____ 1 Mile Walk ____ 5K Fun Run

Please Check One

The undersigned applicant understands the Walk or Run for Sickle Cell will be held on Saturday, September 12, 2015, at Booker T. Washington State Park starting at 8 a.m. The undersigned agrees to hold harmless the City of Chattanooga, all volunteers and Board of Directors of the Chattanooga Scenic City Sickle Cell Corporation from and against all claims or liabilities of any kind for actions caused by the undersigned during the participation in the Walk or Run for Sickle Cell. **ALL FEES ARE NON-REFUNDABLE.**

Entry Fee: $25 per person (10 person minimum) until August 29, 2015/ $35 afterwards.

Water Bottles will be given to those who pre-register.*

*While supplies last.

Signature of Group Representative _____ **Date** _____

Make Checks Payable to:

Chattanooga Scenic City Sickle Cell Corporation (CSCSCC)

Please send your completed entry form and fee to:

651 E. 4th Street, Suite 100, Chattanooga, TN 37403

www.cscscc.org