

Walk or Run for Sickle Cell

Individual 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	

T-Shirt Size: Small Medium Large XL 2X 3X 4X
Please Circle One

EVENT: ___ 1 Mile Walk/ Fun Run ___ 5K 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 sponsors, 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: \$35 until August 29, 2015/ \$45 afterwards.
Water Bottles or T-Shirts will be given to those who pre-register.*

*While supplies last.

_____ Signature	_____ Date
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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

