Scleroderma Foundation Texas Bluebonnet Chapter



2022 DFW & North Texas Virtual Stepping Out to Cure Scleroderma REGISTRATION FORM



Saturday, June 25, 2022

I walk in Honor of	In Memory of
Your Name	Team Name
Address	City State Zip
Phone: En	mail address
Registration for additional family mem	bers:
Name:	Circle one: Adult or Child
Name:	Circle one: Adult or Child
Name:	Circle one: Adult or Child
Name:	Circle one: Adult or Child
Adult Registrations Qty @ \$	\$20 each = \$
Child Registrations Qty @ \$	
Adult T-shirt Qty @ \$	\$10 each = \$ Size: Sm Md Lg XL 2XL
Child T-shirt Qty @ \$	\$ 5 each = \$ Size: Sm Md Lg
Additional Donation	\$
Total:	\$
Amount received: CashC	redit Card Check Amount Check #
Card Number:	Expiration Date: CVV
Name on Card (print).	Zip Code:
Make checks payable to Scleroderma	Foundation - Texas
my heirs and personal representatives a waive, release, discharge, and covenant employees, sponsors, organizers, volunt	nitted to participate in "Stepping Out to Cure Scleroderma," I hereby, for myself assume any and all risks which might be associated with the event. I further to to sue the Scleroderma Foundation, any chapter, support group, officers, teers or other representatives or their successor and assigns, for any and all ver suffered as a result of taking part in the event and any related activities. ectape of the event for any purpose.
All Adults Over 18 Must Sign (Parent mu	ust sign if participant is under 18)
Attendee Signature	Attendee Signature