



**Stampede Scleroderma  
Detroit Zoo - June 5, 2022**



**REGISTRATION FORM  
(MAKE CHECKS OUT TO SCLERODERMA FOUNDATION)  
One form for each guest**

**All paper registrations must be received by 5/23/22 in order to be processed**

**PERSONAL INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**EVENT**

\_\_\_\_\_ **Event Participant:** \$35                      Make an Additional Donation of:

Everyone aged three years and above must be registered even if they are going to be in a stroller. All guests aged three years and above must be issued a zoo ticket in order to enter the zoo gates and will have to pay registration fees in order to obtain the zoo ticket. Every guest must enter the zoo gates no later than 10:25. Check in at the zoo closes at 8:20am and no zoo tickets will be issued after this time.

**T-SHIRT SIZE**

\_\_\_\_\_ **SMALL**      \_\_\_\_\_ **MED**      \_\_\_\_\_ **LARGE**      \_\_\_\_\_ **XL**      **2XL** \_\_\_\_\_

**PAYMENT INFORMATION**

\$ \_\_\_\_\_ is enclosed for an additional unrestricted donation I would like to make to the Scleroderma Foundation.

\$ \_\_\_\_\_ I am enclosing a check made payable to the Scleroderma Foundation for my grand total of \$ \_\_\_\_\_.

\$ \_\_\_\_\_ I wish to charge my grand total to my: \_\_\_ American Express \_\_\_ Visa \_\_\_ MasterCard

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Name on Card: (Print): \_\_\_\_\_

Address on the Card: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Waiver:**

In consideration of being permitted to participation in Stampede Scleroderma Walks and Runs, I hereby, for myself, my heirs and personal representatives assume any and all risks which might be associated with the event. I waive my right to bring suit against the Scleroderma Foundation, its chapters, support groups, officers, employees, sponsors, organizers, volunteers or other representatives or their successors and assigns, and I release and discharge the Scleroderma Foundation from any liability associated with my participation in the event and any related activities. I agree to the use of any photo, film or videotape of the event for any purpose.

Signed: \_\_\_\_\_

Parent: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent signature required if participant is under 18 years of age)