

Community Advancement Foundation and Alpha Kappa Alpha Sorority, Inc.

Kappa Pi Omega Chapter

Walking to Break the Sickle Cell Cycle



8th Annual Sickle Cell Walk-A-Thon

WESTGATE PARK

501 Recreation Road

Dothan, Alabama

SATURDAY,

SEPTEMBER 22, 2018

Registration 7:15 a.m. – 8:15 a.m.

Warm Up 8:15 a.m.

Walk from 8:30 a.m. – 10:30 a.m.

Westgate Walking Trail

Special Awards!!!



***FREE!! Sickle Cell Screening
and Blood Drive on-site***



Walking Teams

- Organize teams of at least 5 people with one identified as the captain (select your name and wear your t-shirts); individual walkers are welcome.
- Each team is asked to raise a minimum of \$150.00. Registration per team member over 18 is \$30.00; under 18 is \$5.00; individuals with sickle cell disease free. A souvenir T-Shirt will be provided for a minimum donation of \$150.00.
- Submit your team name not later than August 25, 2018 to be included in public relations material and to have your name printed on the Walk T-Shirt.

Donations

All proceeds will benefit the Southeast Alabama Sickle Association, Inc., a 501(c)(3) organization servicing sickle cell clients and their families in a ten county wiregrass service area. Your support helps SEASCA assist individuals and families who need help with medicines, dental and vision care, equipment, travel to and from clinics, as well as other financial and emotional needs. The Foundation also provides non-emergency services such as support groups and special events for children with sickle cell disease. *Please make checks payable to Community Advancement Foundation, a 501(c)(3) organization.*

Contacts: Linda C. Garrett (334) 333-1690 or Joan Dangerfield (334) 618-7305
lindag458@msn.com joan083@centurytel.net

Report contributions on or before Saturday, September 22, 2018 prior to beginning of Walk-A-Thon

What is Sickle Cell Disease?

Sickle cell disease is an inherited blood disorder that affects red blood cells and affects people of many ethnic backgrounds, but disproportionately affects African-Americans. People with sickle cell disease have red blood cells that contain mostly hemoglobin* S, an abnormal type of hemoglobin. Sometimes these red blood cells become sickle-shaped (crescent shaped) and have difficulty passing through small blood vessels. When sickle-shaped cells block small blood vessels, less blood can reach that part of the body. Tissue that does not receive a normal blood flow eventually becomes damaged. This is what causes the complications of sickle cell disease. ***There is currently no universal cure for sickle cell disease.***

FOR MORE INFORMATION CONTACT

Mr. James Arrington, Executive Director
The Southeast Alabama Sickle Cell Association, Incorporated
4201 Martin Luther King Highway
Tuskegee, AL 36083
800-854-1367 or 334-727-6120
www.seasca.com

A Partnership between Community Advancement Foundation, Alpha Kappa Alpha Sorority, Inc., Kappa Pi Omega Chapter, Men's Civic Club, Southeast Alabama Medical Center, Life South Community Blood Centers, Ta-Seti Shriners Temple #253, and Southeast Alabama Sickle Cell Association, Inc.



Ta-Seti Shriners Temple #253



Team Name _____ **Team Captain** _____

| | Amount Collected |
|-----------|-------------------------|
| 1. _____ | \$ _____ |
| 2. _____ | \$ _____ |
| 3. _____ | \$ _____ |
| 4. _____ | \$ _____ |
| 5. _____ | \$ _____ |
| 6. _____ | \$ _____ |
| 7. _____ | \$ _____ |
| 8. _____ | \$ _____ |
| 9. _____ | \$ _____ |
| 10. _____ | \$ _____ |

Grand Total \$ _____

Recommended team size is 5-10. If you have more than 10 consider organizing them in sub-teams. Each team is asked to raise at least \$150.00
Thank you for your support!!!

Please attach this form to registration forms prior to submission.





Please support me and my team...

Name _____

Subject: Sickle Cell Walk-A-Thon

I am participating in the 2018 Community Advancement Foundation and Alpha Kappa Alpha Sorority, Inc. Walk to Break the Sickle Cell Cycle. *There is currently no universal cure for sickle cell disease.* All proceeds will benefit the Southeast Alabama Sickle Cell Association, a 501(c)(3) organization servicing sickle cell clients and their families in ten wiregrass counties. Please fill in the form below with your name and donation amount. It would mean so much to me if you would make a donation. Make checks payable to Community Advancement Foundation a 501(c)(3) organization.

Please Print Clearly

| NAME | AMOUNT DONATED |
|--------------|----------------|
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |
| 6. | |
| 7. | |
| 8. | |
| 9. | |
| 10. | |
| 11. | |
| 12. | |
| 13. | |
| 14. | |
| 15. | |
| | |
| Total | |
| | |
| | |



REGISTRATION FORM

Each **team** is asked to raise a minimum of \$150.00

- \$30.00 per walker
- \$5.00 Children under 18
- Free for individuals with sickle cell

Please Print

Last Name _____ First Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ E-mail _____

List the names of each individual registering if they have the same address as above. Please sign the waiver!

1. _____ Gender _____ Please Circle Over / Under 18

2. _____ Gender _____ Please Circle Over / Under 18

3. _____ Gender _____ Please Circle Over / Under 18

4. _____ Gender _____ Please Circle Over / Under 18

Enclosed is my contribution of \$ _____. Do you have sickle cell disease? Yes No

WAIVER: I, for myself, my heirs, and executors, in consideration of any participant in the Sickle Cell Walk-A-Thon hold harmless its officials, members, sponsors, organizers, agents, and other coordinating individuals or groups in connection with any and all injuries, illnesses or damages including loss of property, suffered in connection with the event. I certify that I am in proper physical condition to participate in this event without risk of serious injuries. I also give my consent for the free use of my name and picture by the organizers and any and all media, in any broadcast, telecast, or other account of the event. This waiver must be signed in order to register.

Signature _____ Date _____
(Parent/Guardian if participant(s) is/are under age 18)

Signature _____ Date _____
(Any participant 18 or older)

“Thank you for participating in the 8th Annual Sickle Cell Walk-A-Thon”