



# Community Advancement Foundation Walking to Break the Sickle Cell Cycle

**11<sup>th</sup> Annual Sickle Cell Walk-A-Thon**  
**WESTGATE PARK WALKING TRAIL**  
**501 Recreation Road**  
**Dothan, Alabama**  
**SATURDAY,**  
**SEPTEMBER 24, 2022**

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 31, 2022 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 with its mission and programs to assist individuals and families who need help with medicines, dental and vision care, equipment, travel to and from clinics, as well as other community service needs. The Foundation also provides non-emergency services such as support groups and special events for children with sickle cell disease.

**Donations may be made on-site day of event via Cash, PayPal, or Check.** Make check payable to Community Advancement Foundation or CAF; **PayPal** – Go to [www.paypal.com](http://www.paypal.com), click send button, enter email address, [cafservice.12@gmail.com](mailto:cafservice.12@gmail.com), enter amount of donation, make selection and follow prompts. Mail Donations to Community Advancement Foundation or CAF, P.O. Box 2113, Dothan, AL 36302.

#### **FOR MORE INFORMATION CONTACT**

The Southeast Alabama Sickle Cell Association, Inc.  
4201 Martin Luther King Highway  
Tuskegee, AL 36083  
800-854-1367 or 334-727-6120  
[www.seasca.com](http://www.seasca.com)

Linda C. Garrett (334) 333-1690  
[lindag458@msn.com](mailto:lindag458@msn.com)

Joan Dangerfield (334) 479-8864  
[joan083@centurytel.net](mailto:joan083@centurytel.net)

Website: [www.cafservices.org](http://www.cafservices.org)



## TEAM SIGN UP SHEET

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 2022 Community Advancement Foundation 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.	
<b>Total</b>	



## 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 disease

*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 11<sup>th</sup> Annual Sickle Cell Walk-A-Thon”**