



Community Advancement Foundation Walking to Break the Sickle Cycle

13th Annual Sickle Cell Walk-A-Thon
WESTGATE PARK WALKING TRAIL
501 Recreation Road
Dothan, Alabama
SATURDAY,
SEPTEMBER 28, 2024

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!!!

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's name not later than August 31, 2024, 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 (appx. 3% fee is charged), or Check. Make check payable to Community Advancement Foundation or CAF; **PayPal** – Go to www.paypal.com, click send button, enter email address, 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

Linda C. Garrett (334) 333-1690
lindag458@msn.com

Joan Dangerfield (334) 479-8864
joan083@centurytel.net

Website: 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 2024 Community Advancement Foundation Walk to Break the Sickle 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 or CAF, a 501(c)(3) organization or select other payment options...**PayPal (appx. 3% fee is charged)** – Go to www.paypal.com, click send button, enter email address, 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.

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 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 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 all media, in any broadcast, telecast, or other account of the event. This waiver must be signed 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 13th Annual Sickle Cell Walk-A-Thon”