

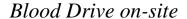


# Community Advancement Foundation Walking to Break the Sickle Cycle

13<sup>th</sup> 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!!!









## **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 <a href="www.paypal.com">www.paypal.com</a>, click send button, enter email address, <a href="cafservice.12@gmail.com">cafservice.12@gmail.com</a>, 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	
	<b>Amount Collected</b>	
1	<u> </u>	
2	<u></u>	
3	<u></u>	
4	<u> </u>	
5	<u> </u>	
6	<u></u>	
7	<u></u>	
8	<u> </u>	
9	<u></u>	
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
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#### **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 <a href="www.paypal.com">www.paypal.com</a>, click send button, enter email address, <a href="cafservice.12@gmail.com">cafservice.12@gmail.com</a>, 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 registeri	ng if they have the same address	s 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 y	ou have sickle cell disease? [ ] Yes [ ] No	
hold harmless its officials, members, sport connection with all injuries, illnesses or de	sors, organizers, agents, and oth amages including loss of propertion to participate in this event w icture by the organizers and all	ty, suffered in connection with the event. I ithout risk of serious injuries. I also give my	
		Date	
(Parent/Guardian if participant(s) is/are un	ider age 18)		
Signature		Date	
(Any participant 18 or older)			

"Thank you for participating in the 13th Annual Sickle Cell Walk-A-Thon"