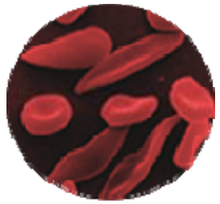


Sickle Cell Foundation of Orange County

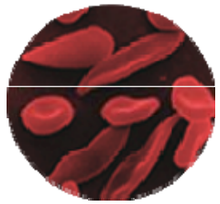
Pledge Form

Registration #

Participants Name: _____ Any Allergies: No Yes _____ T-Shirt Size S M L XL XXL	**Address:**	**Telephone #:**

Name of Sponsor Please print clearly	**Address including City** Please print clearly	**Postal Code**	**Telephone + Area Code**	**Pledge Amount**		**Charitable Receipt**	
				Cash	**Check**	**Yes**	**No**
			TOTAL Page 1				

SCDFOC is not responsible for any injuries/ damages incurred by participating in the walk-a-thon. Participation is considered consent for pictures/ video taken and used on the SCDFOC website or sponsorship websites. Please ensure that writing is legible, head office will mail out receipt within 8 weeks of conclusion of the event.



Sickle Cell Foundation of Orange County

Additional Pledge Form

Participants Name: _____	**Address:**	**Telephone #:**

Name of Sponsor Please print clearly	**Address including City** Please print clearly	**Postal Code**	**Telephone + Area Code**	**Pledge Amount**		**Charitable Receipt**	
				Cash	**Check**	**Yes**	**No**
			TOTAL Page 2				
			TOTAL Page 1				
			GRAND TOTAL				

SCDFOC is not responsible for any injuries/ damages incurred by participating in the walk-a-thon. Participation is considered consent for pictures/ video taken and used on the SCDFOC website or sponsorship websites .Please ensure that writing is legible, head office will mail out receipt within 8 weeks of conclusion of the event.