



www.lupusloop.org

Please join us as we walk for a cure for lupus!

Sunday, October 25, 2009

Memorial Hall Loop in Fairmount Park, Philadelphia

Registration opens at 8:00 am

Walk/Run starts at 9:15 am

Individual Registration Form

- Pre-registration closes at 10:00 pm on Monday, October 19, 2009. After 10/19, individuals may register at the event – however, no team registrations may be processed on event day.
- \$20 Pre-registration discount – must be postmarked by October 14, 2009
- \$25 postmarked after October 14, 2009 and on event day
- Children 12 and under are \$10
- *Bring or mail in \$100 in pledges and your registration is free!*
- Return forms to:

Team Captain _____ Team Name _____

Name _____

Address _____

City _____ State _____ Zip _____

County _____ Phone _____ Email _____

T-Shirt Size: _____ Kids M (6/8) _____ Kids L (10/12) _____ M _____ L _____ XL _____ XXL

I will take part in the _____ Run _____ Walk _____ virtual participant I am a _____ Male _____ Female

Do you have lupus? _____ Yes _____ No Family member has lupus? _____ Yes _____ No

Date of Birth: ____/____/____ (required for all runners) Age on Race Day _____

____ Team Registration Team Name: _____ Team Captain _____

My fundraising goal is \$ _____ Enclosed is my \$250 for a course marker sign (must be received by October 16)

_____ in honor _____ in memory of _____

My employer has a matching gift program _____ Yes _____ No Company _____

I cannot attend, but would like to make a donation. My contribution is \$ _____

____ Enclosed is my check or money order. ____ Please charge my credit card: ____ Mastercard ____ Visa
____ AMEX

Card Number: _____ Security Code _____ Expiration: ____/____/____

Name as it appears on the card: _____

WAIVER: - I, the undersigned, for myself, my heirs, and executors, in consideration of any participation in the Lupus Loop, hereafter called the event, hereby release and hold harmless the Lupus Foundation of America, Philadelphia Tri-State Chapter, Inc. and others connected with this event, including sponsors, municipalities, employees, volunteers, or agents collectively called the event group, from any and all claims for damages or injuries which I may suffer in connection with the event. I give my consent for the event group to use my name, likeness, voice or biographical information and any photos, recordings, or video tape or any other publicity including me at the event.

Signature _____ Date _____