September – National Sickle Cell Month

Walk for Sickle Cell Disease Park Circle – North Charleston, South Carolina

Registration Form (or register on Eventbrite.com)

Check in · 8 · 15 am

Walk 9.00 to 10.00 am

saturday, septen	1001 22, 2010	Cii	cen in. 0.15 um	" uin. 2.00 to 1	10.00 um
Name:					
Address:					
City		Street	Apt #	Zip Code	
Email:			Telephone: (_		
☐ Child (ages 6-12)			(Sm, Med	d, Lge, X-Lge,	1X, 2X)
☐ Adult	\$25.00	Shirt Size:	(Sm, Med	d, Lge, X-Lge,	1X, 2X, 3X)
Total Payment	\$	Total #	of Shirts		
f apply: Organizat	ion Affiliation:				
Group Lea	ader:				
Walk in Honor of living Patient:			List name and relati	onship	
Walk in Memory of Deceased:			List name and relationship		
	ALL REGISTI	RATION FEES	ARE TAX DEDU	ICTIBLE.	
WAIVER: This	event is to assist	Sickle Cell Patie Please be exti	ents, so COBRA is a	not liable if mi	shaps occur
Signature:			Date	e:	

Return Payment with this form to:

Saturday Sentember 22, 2018

Sickle Cell Services of COBRA P.O. Box 71473 Charleston, SC 29415

Shirts pick up schedule: Monday, Sept. 17th through Wednesday, Sept. 19th 6:30 to 8:30 pm COBRA Sickle Cell Office: 3962 Rivers Avenue, North Charleston SC 29405 Please have names and sizes of persons shirts being picked up.

If questions, call (843) 225-4866. Someone will return/respond to your call

Long Distance: 1-800-354-4704