2009 Walk Registration Form



Sunday, May 31st , 2009	Pre-registered - yes / no
Little Bay Park	date:
Queens, New York	
RAIN OR SHINE	
Name	Celíac- yes / no
Address	
CityState	Zip
Phone	Cell
Emaíl	
#of adults#of children	ages
Amount enclosed	_cash / check #paid 🛚
T-shirt quantity by size: adult S_M_	_LXL2X <u>child</u> SML

CONFIRMATION WILL BE SENT BY EMAIL ONLY

All of the proceeds will go to The Celiac Sprue Association...FOR RESEARCH Pledges (Donations) are tax deductible.

Please make all checks payable to: The Celiac Sprue Association

Registration by mail: \$20 ADULT \$10 CHILDREN (AGES 3 & UP)

T-SHIRTS CAN ONLY BE GUARANTEED TO THOSE WHO PRE-REGISTER

(PRE-REG DEADLINE APRIL 30TH)

PLEASE MAIL CHECKS TO: The L.Lodico Walk for Celiac Disease

14-60 157th Street

Beechhurst, New York 11357

THERE WILL BE NO REFUNDS OF REGISTRATION FEES FOR ANY REASON

PLEASE HELP US RAISE AWARENESS! COME JOIN US FOR A FUN DAY!

THIS FORM WILL NOT BE ACCEPTED WITHOUT A SIGNED WAIVER FORM FOR EACH PERSON. THEY MUST BE ATTACHED TO EACH OTHER TO BE ELIGIBLE. THANK YOU FOR YOUR COOPERATION.