



PLEASE JOIN US FOR THE 22<sup>ND</sup> ANNUAL  
**WALTER E. BRANDON 5K SICKLE CELL WALK/RUN**  
 SATURDAY, SEPTEMBER 28, 2019  
 FAIRMONT PARK BELMONT AVE & AVENUE OF THE REPUBLIC  
 PHILADELPHIA, PA 19131  
 REGISTRATION BEGINS AT 7:00 AM  
 OPENING CEREMONIES 7:30 AM  
 RUN: 8:30AM (SHARP) WALK: 8:35AM (SHARP)



### REGISTRATION FORM

Pre-register online at [22nd Annual Walter E Brandon Sickle Cell 5K Walk/Run](#) or complete and return this registration form by **September 25, 2019** to: Sickle Cell Disease Association/PDVC 5300 Wynnefield Avenue, 2<sup>nd</sup> Flr. Philadelphia, PA 19131

- \$30 registration fee for all walkers & runners, includes T-shirt
- Children 12 and under are \$10.00 includes T-shirt
- Free registration for persons with sickle cell disease; (T-shirt is NOT included)
- Team registration must include ONE team captain
- Memorial Course Marker \$50.00
- T-shirt can be purchased for \$10.00  
Cash or check payments (Only)

<b>First Name</b> Register #1										<b>Last Name</b>									
<b>Address</b>																			
<b>City</b>										<b>State</b>					<b>Zip</b>				

**Phone/Cell** \_\_\_\_\_ **Email** \_\_\_\_\_

List the names of each individual registering only if they have the same address above. Please sign the waiver!

	<u>Circle one</u>		<u>Circle one</u>	<u>Do you have sickle cell?</u>
Register#1 _____	Male / Female	Age _____	Walker / Runner	Yes <input type="checkbox"/> No <input type="checkbox"/>
Register#2 _____	Male / Female	Age _____	Walker / Runner	Yes <input type="checkbox"/> No <input type="checkbox"/>
Register#3 _____	Male / Female	Age _____	Walker / Runner	Yes <input type="checkbox"/> No <input type="checkbox"/>
Register#4 _____	Male / Female	Age _____	Walker / Runner	Yes <input type="checkbox"/> No <input type="checkbox"/>

Enclosed is check/money order. My contribution is \$ \_\_\_\_\_ T-shirt size **S** \_\_\_ **M** \_\_\_ **L** \_\_\_ **XL** \_\_\_ **XXL** \_\_\_ or **Youth S** \_\_\_ **M** \_\_\_ **L** \_\_\_

**OPTIONAL: Kindly provide the name(s) of the following medical professionals:**

Your Primary Care Physician: \_\_\_\_\_ Your Hematologist: \_\_\_\_\_

WAIVER: I, for myself, my heirs, and executors, in consideration of any participant in the Walter E. Brandon Sickle Cell Disease and hold harmless the SCDA/PDVC, its officials, members, sponsors, organizers, agents, and other coordinating individuals or groups in connection with any and all injuries, illnesses or damages including loss of property, suffered in connection with the event. I certify that I am in proper physical condition to participate in this event without risk of serious injuries. I also give my consent for the free use of my name and picture, by SCDA/PDVC and any and all media, in any broadcast, telecast, or other account of the event. This waiver must be signed in order to register.

Signature\* \_\_\_\_\_ Date \_\_\_\_\_

NOTE: \* Parent or Guardian must sign if any person registering is under age 18





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TEAM AND SPONSORSHIP INFORMATION

All teams must have a minimum of 5 persons to qualify as a team

Team Captain: \_\_\_\_\_ Team Name: \_\_\_\_\_

Team members /Sponsor's names. List age & gender for runners only Amount Collected

1)	_____	\$ _____
2)	_____	\$ _____
3)	_____	\$ _____
4)	_____	\$ _____
5)	_____	\$ _____
6)	_____	\$ _____
7)	_____	\$ _____
8)	_____	\$ _____
9)	_____	\$ _____
10)	_____	\$ _____

**Grand Total \$ \_\_\_\_\_**

Please include the number of T-shirt sizes for all team members. T-shirt size: S\_\_\_\_ M \_\_\_\_ L\_\_\_\_ XL\_\_\_\_ XXL\_\_\_\_

Attach this form along with the registration form before submitting.

**Walk/Run Course Marker Signs**

Customize your course marker in memory or in honor of a loved one. Send an email with a written message and high resolution image to [zbrandon@verizon.net](mailto:zbrandon@verizon.net) by Friday September 20, 2019

