MAROON 9 SICKLE CELL SUPPORT ORGANIZATION

**Walk the Trail SICKLE CELL WALK**

ENTRY FORM

*“Turning Sickles into Smiles”*

DIRECTIONS to Sickle Cell Walk

From I-35, exit on E. Berry Street, go east/right, and then turn left on Cobb Drive into Cobb Park.

One also can get directions from sites such as Google Maps. The location address for the ride/walk is 2600 Cobb Drive, Fort Worth, TX 76105.

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WHEN: **8:00 AM,** Saturday, September 7, 2019

WHERE: Cobb Park, 2600 Cobb Park Drive, Fort Worth, TX 76105

(A renovated, beautiful park with captivating sights along the trail.)

ENTRY FEE: **$20.00** per person to Walk

Pay cash the day of or make checks or money orders payable to **Maroon 9** prior

REGISTRATION: Maroon 9 A Sickle Cell Support Organization

 3562 W. Boyce Avenue, Fort Worth, TX 76133 **(Please mail by August 31, 2019)**

**\*T-Shirt for all walkers while supplies last**

PURPOSE/BENEFICIARY: Proceeds from walk will benefit Sickle Cell patients in Tarrant County Texas.

INFORMATION: Contact 817-797-2526 / info@maroon9sicklecell.org [www.maroon9sicklecell.org](http://www.maroon9sicklecell.org)

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**Walk the Trail Sickle Cell Walk Entry Form** (may be duplicated)

Mail to: 3562 W. Boyce Avenue, Fort Worth, TX 76007 (Make checks payable to: Maroon 9)

Email to: info@maroon9sicklecell.org (Payment can be made over the telephone)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age (as of 9/7/19) \_\_\_\_\_\_\_\_\_\_

How many walkers: \_\_\_\_\_\_\_\_\_\_ Group/Team Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: \_\_\_\_\_\_\_\_\_\_ F \_\_\_\_\_\_\_\_\_\_ M T-Shirt size (adult) S\_\_\_\_ M\_\_\_\_\_ L\_\_\_\_ XL\_\_\_\_ 2X \_\_\_

Phone#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In consideration of the acceptance of this entry, I, the undersigned, assume full and complete responsibility for any injury or accident which may happen to me during the event known as Sickle Cell Walk & Community Health Fair or while I am on the premises of the event, and I hereby release and agree to indemnify, defend and hold harmless Maroon 9, the City of Fort Worth, sponsors, promoters, and all other persons or entities associated with this event from all injuries and damages, or otherwise. Registration is final. No refunds.

 **\*ENJOY THE CELEBRATION UNTIL 1PM**

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**SIGNATURE PARENT/GUARDIAN SIGNATURE (IF UNDER 18) DATE**