TEAM PLEDGE FORM

Name _____

Address _____

_____

City _____ State _____ Zip _____

Phone ( ) _____

Email _____

PLEDGE HEROES...WIN PRIZES!

MAKE CHECKS PAYABLE TO: Sisters Network of Solano County

Total Dollar Amount Enclosed $_____.00

DONORS NAME	DONATION AMOUNT	SHIRT SIZE	WILL WALK
Wilma Flintstone	*$20.00*	*M*	✓
TOTAL DONATIONS	$		

PLEDGE PROGRAM & PRIZES:

YOU'RE OUR BEST SPONSOR!!

DO NOT COMBINE PLEDGE MONIES WITH ENTRY FEES. Pledges accepted in cash, check, or money order made payable to Sisters Network Solano County. Include all pledge payments with pledge form. All pledge money must be received by September 5, 2009 to be eligible for prizes.

PRIZES include: $100, $50, $25 bonus gift cards; dinner for two certificates, plus other exciting gifts.

SCHEDULE

September 26, 2009

7:30am	Registration
8:00am-12:00pm	Health Exhibitors , Refreshments, Raffle
8:00am	Aerobic Warm-Up
8:30am	Breast Cancer Survivors' Photo
8:30am-9:00am	Send off Ceremony
11:15am-11:30	Raffle & Awards Ceremony
12:00pm-3:00pm	Health Fair, Refreshments, Raffle

REGISTRATION FEES

- Early Registration will have name on T-shirts
- Registration: $20

T-SHIRT PICKUP SCHEDULE

Location: **Sisters Network Solano County**
128 Encerti Ave.
Vallejo, CA 94589
(707) 642-6066

TEAM LEADERS' RALLY & T-Shirt Pickup

September 10, 2009 - 6:30pm - 8:30pm

This event will occur rain or shine. we reserve the right to cancel in extreme circumstances. In that event, there will be no refunds; rather, your entry fee will be used as a donation to Sisters Network of Solano County.

SPONSORS & FRIENDS

Elizabeth A. Odumakinde, M.D.
HONORARY CHAIR

AstraZeneca
Times-Herald
Sutter Solano Medical Center Cancer Center
NOVARTIS
Genentech
Girl Scouts
Corvette Family & Friends
Sir Speedy PRINTING • COPYING • DIGITAL NETWORK of VALLEJO
Firefighters Local #1186
THE SAFEWAY FOUNDATION

ENTRY FORM

One Entry per participant

Gift for Life block walk

Name _____

Address _____

_____

City _____ State _____ Zip _____

Phone ( ) _____

Email _____

Gender: M ☐ F ☐

T-shirt Size: *(check one box)*

Adult ☐ Sm. ☐ Med. ☐ Lrg. ☐ 1X ☐ 2X ☐ 3X ☐ 4X

Registration fee: $20.00

Additional tax-deductible donation $_____.00

Total Dollar Amount Enclosed $_____.00

WAIVER: As a participant in Gift for Life Block Walk, for myself, my executor, administrators, and assigns,I do hereby release and discharge the Sisters Network/Solano County, the event site, their management, their officers, members, sponsors, organizers, or their representatives, or their successors, and all cooperating businesses and organizations from all claims of damages, demands, actions, and causes whatsoever, in any manner arising or growing out of my participation or that of my child in this event. I give my full permission for the use of my name and photograph in this event. I also give my full permission for such first aid as is deemed necessary to be provided to me or my child on the premises or prior to transport to a hospital for further treatment.

Print Name _____

Signature _____

Date _____

PARENT OR GUARDIAN SIGNATURE REQUIRED IF UNDER AGE 18

Make Check payable to: **Sisters Network Solano County**

P.O. Box 10187, American Canyon, CA 94503, (707) 642-6066

Unsigned forms will not be accepted.