



Scleroderma Foundation
C/O 67 Talbot Dr.
Bowling Green, KY 42103-1372



17th Annual Stepping Out to Cure Scleroderma 5K Run/Walk

June 8, 2019
Centennial Park, 2565 Park Plaza
(or 2500 West End Avenue)
Nashville, Tennessee

SIGN UP ONLINE OR BY MAIL
scleroderma.org/SteppingOutNashville



Be Part of the Cure

It only takes 3 easy steps

STEP 1: SIGN UP

Mail in this registration form, or **go online**, scleroderma.org/SteppingOutNashville, to find walk details, to sign-up, to recruit your team, to tell your story of scleroderma, and to send emails and raise money.

STEP 2: FORM A TEAM!

Organize a Stepping Out team with friends, family, and coworkers to increase awareness and fundraising. Brainstorm with teammates on fundraising ideas like gift basket raffles with donated items from local businesses, event tickets, restaurant coupons, sports memorabilia, and more. Find more fundraising tips on our website. **VOLUNTEER** to help the day of the event. Recommend a local retailer to be a Stepping Out sponsor.

STEP 3: SPREAD THE WORD

Share your walk on social media. Like us! [Facebook.com/sclerodermaus](https://www.facebook.com/sclerodermaus). Post team photos. Use #steppingoutto#curescleroderma. Ask us for flyers and posters to place in local businesses.

Each step you take, moves us closer to a cure

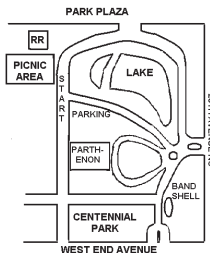




Stepping Out Nashville - Sponsor Pledge Sheet

June 8, 2019: Centennial Park, 2565 Park Plaza
(or 2500 West End Avenue), Nashville, Tennessee

On behalf of those who have scleroderma, thank you for your generosity!



Stepping Out Nashville Mail-In Registration Form

Mail to: 67 Talbott Dr., Bowling Green, KY 42103-1372

Full Name _____

Address _____

City _____

State _____ Zip _____

Phone _____

Email _____

My Fundraising Goal: \$ _____

I am walking: on my own with a team

Team Name _____

Team Captain _____

I have scleroderma, Date of Dx _____

I am walking in honor of: _____

I attend a Support Group _____

Please send info about Support Groups

I would like to volunteer

\$25 Registration fee enclosed

Additional donation enclosed \$ _____

I am unable to walk, but have enclosed a donation:

\$ _____

Check enclosed \$ _____

Credit Card: Visa MC Amex Disc

Card #: _____

Exp. Date _____ CVV _____

WAIVER: In consideration of being permitted to participate in "Stepping Out to Cure Scleroderma," I hereby, for myself, my heirs and personal representative, assume any and all risks which might be associated with this event. I further waive, release, discharge and covenant not to sue the Scleroderma Foundation, any chapter, support groups, officers, employees, sponsors, organizers, volunteers, or other representatives or their successors and assigners, for any and all injuries or damages of any kind whatsoever suffered as a result of taking part in the event and any related activities. I further agree to the use of any photo, film, or videotape of the event for any purpose the Scleroderma Foundation shall determine in its discretion. I affirm that I have read and will abide by the terms set forth in the "Stepping Out" Waiver, and I affirm that the information I have given on this form is true, complete, and correct.

Signature: _____

Parent/Guardian Signature: _____

Name _____

Address _____

City _____

State _____ Zip _____

Phone _____

Email _____

WALKER CAPTAIN

Team Name _____

Team Captain _____

I am walking: in honor in memory of: _____

To help create scleroderma awareness, please wear a T-shirt from a past Stepping Out event.

	Name	Address	ST	Zip	\$ Pledged
1.					
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TOTAL					