SPF SPASTIC PARAPLEGIA FOUNDATION, INC.
Research / Education / Support

TeamWalk Sponsorship Form

Name: _____
TW Location: _____
Walker by Proxy (Y or N): _____

Checks should be made payable to SPF. Acknowledgements will be made for check and credit card sponsorships only.

Walkers by Proxy who raise $250 or more will receive a 2008 TeamWalk T-shirt.

Name	Mailing Address	City, State, Zip or Postal Code	Visa/MC # and Exp. Date	Donation

Waiver and Release of Liability - To be signed by all attending a TeamWalk

Upon registering for a SPF TeamWalk, I hereby assume any and all risks which may be associated with my participation in this event. I further waive all claims against the Spastic Paraplegia Foundation, its officers, directors, volunteers, agents and assigns, from any and all injuries or liabilities which might occur during this event. I grant full permission for the Foundation to use photographs of me taken at the TeamWalk and any accompanying events.

Print Name _____ Signature _____ Date: _____

TOTAL:

$

Submit this form and the donations one week prior to TeamWalk to: Spastic Paraplegia Foundation, P.O. Box 1208, Fortson, GA 31808
***Bring late sponsorship forms w/donations to TeamWalk.**