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

TeamWalk Sponsorship Form

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

SPF SPASTIC PARAPLEGIA FOUNDATION
PRIMARY LATERAL SCLEROSIS
HEREDITARY SPASTIC PARAPLEGIA

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 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 your TeamWalk Coordinator
***Bring late sponsorship forms w/donations to TeamWalk.**