



WALK-A-THON



CARE

**WALK-4-SIGHT
RUN-4-SIGHT
CYCLE-4-SIGHT
SCREEN-4-SIGHT**



WALK-A-THON



CARE

**WALK-4-SIGHT
RUN-4-SIGHT
CYCLE-4-SIGHT
SCREEN-4-SIGHT**

**JC Strobe Glaucoma Awareness Foundation
5K WALK-A-THON
Saturday, October 16, 2010
8am - 2pm
USC-Upstate**

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5K WALK-A-THON
Saturday, October 16, 2010
8am - 2pm
USC-Upstate**

REGISTRATION FORM

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Name: _____ E-mail: _____
Address: _____ Phone: _____
City, State, Zip: _____

Name: _____ E-mail: _____
Address: _____ Phone: _____
City, State, Zip: _____

I WILL PARTICIPATE IN THE:

- WALK-4-SIGHT (FEE \$10.00)
- RUN-4-SIGHT (FEE \$10.00)
- CYCLE-4-SIGHT (FEE \$15.00)

I WILL PARTICIPATE IN THE:

- WALK-4-SIGHT (FEE \$10.00)
- RUN-4-SIGHT (FEE \$10.00)
- CYCLE-4-SIGHT (FEE \$15.00)

FIRST 200 REGISTERED PARTICIPANTS WILL RECEIVE A FREE T-SHIRT.

T-SHIRT SIZE: S M L XL XXL XXXL

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T-SHIRT SIZE: S M L XL XXL XXXL

MAIL YOUR COMPLETED REGISTRATION FORM AND FEE MADE PAYABLE TO:

JC STROBLE GLAUCOMA AWARENESS FOUNDATION
C/O WENDY BAILEY
PO Box 2202
SPARTANBURG, SC 29304

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