



**Sunday, September 25 2011**  
**Camp Harkness,**  
**Waterford, CT**

**Check-in begins at 1:00 pm**  
**Walk-N-Roll starts at**  
**2:30 pm**

Name: \_\_\_\_\_

Team Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Sponsor's Name	Address	Phone	Total \$ Pledged	\$ Collected
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				

Support the Spina Bifida Association of Connecticut by participating in our 2011 SBAC Walk-N-Roll for Spina Bifida. Just fill in this form with your personal information at the top, then complete by listing each of your sponsors (friends, neighbors, co-workers, and family) and their pledged amount. Return the form at the registration table on the day of the event at Camp Harkness.

Donations are also accepted online at [www.sbac.org](http://www.sbac.org) . Checks should be made payable to SBAC.

