



# FIRST STEP: REGISTRATION



RETURN ADDRESS: AMERICAN DIABETES ASSOCIATION, SERVICE CENTER, 1701 NORTH BEAUREGARD STREET, ALEXANDRIA, VA 22311

I will Step Out in: CITY  STATE

### CONTACT INFORMATION

PREFIX  SUFFIX  DATE OF BIRTH  HOME ADDRESS  WORK ADDRESS

FIRST NAME  M.I.  LAST NAME

STREET NUMBER  STREET NAME

CITY  STATE  ZIP

COMPANY NAME

HOME PHONE  WORK PHONE  EXT.

EMAIL ADDRESS



By providing us with your email address, you will allow us to save valuable funds otherwise spent on postal mail. You will also be able to access online fund-raising tools.

### FIRST STEP REGISTRATION GIFT

REGISTRATION TYPE: ADULT \$15  (Required for adults 18 and older at the time of event) CHILD \$0  (Children 17 and under at the time of event)

I WOULD LIKE TO MAKE AN ADDITIONAL DONATION \$

CHECK  (Payable to American Diabetes Association) TOTAL GIFT \$

AM EX  DISCOVER  MASTERCARD  VISA  EXP

CARD NUMBER

SIGNATURE \_\_\_\_\_

### EVENT INFORMATION

MY FUND-RAISING GOAL IS: \$

(Fund raising is not required, but we hope you will take this opportunity to make a difference in the fight against diabetes by raising funds from your friends, family and colleagues. Terrific gifts await terrific fund-raisers!)

T-SHIRT SIZE S  M  L  XL  XXL  XXXL

### HOW DID YOU HEAR ABOUT STEP OUT?

MAIL/POSTCARD  STORE DISPLAY  E-MAIL  FAMILY/FRIEND

COMMUNITY EVENT  POSTER  AD\*  OFFICE

\*Please specify publication \_\_\_\_\_

### TEAM INFORMATION

I'm interested in starting a team  I'm interested in joining a team

TEAM TYPE: FAMILY/FRIEND  CORPORATE  CLUB/ORGANIZATIONAL

NATIONAL TEAM: RITE AID  KMART PHARMACY  WAL-MART/SAM'S CLUB

TEAM NAME

TEAM CAPTAIN

SELF TYPE 1  TYPE 2  PRE DIABETES

SPOUSE TYPE 1  TYPE 2  PRE DIABETES

DO YOU OR A LOVED ONE HAVE DIABETES? PARENT TYPE 1  TYPE 2  PRE DIABETES

CHILD TYPE 1  TYPE 2  PRE DIABETES

OTHER TYPE 1  TYPE 2  PRE DIABETES

### EMERGENCY CONTACT INFORMATION

FIRST NAME

LAST NAME

PHONE NUMBER

### LEARN MORE ABOUT ADA AND ITS SUPPORTERS

Yes, I want to become a Diabetes Advocate! Please send me Action Alerts. (E-mail required)

Yes, I'd like to receive Diabetes E-News Now! and a free copy of Diabetes Forecast, ADA's official publication. (E-mail required)

Yes, I'd be interested in receiving special offers and/or information related to preventing and managing diabetes from companies that support the mission of the ADA.