



1st Annual *Seize The Moment* Epilepsy Awareness Walk

Saturday November 7, 2009 8:00am
Dean Porter Park
501 E. Ringgold St. Brownsville, TX 78521

ABOUT THE RACE

The first annual *Seize the Moment* Run/Walk goal is to raise epilepsy awareness. All donations & contributions will continue to fund programs of professional and public education, community service, direct medical assistance, & social services.

REGISTRATION

Registration is available online at www.efcst.org. Also, forms can be dropped off at The Brownsville Herald (1135 E. Van Buren St. Brownsville, TX 78251). Packets are available for pickup **Wednesday, November 4, 2009 from 11a-5p** at The Brownsville Herald.

ENTRY FEES

\$25 Registration
\$30 Late Registration (after Nov. 1st)
Race Day Late Registration 7am-7:30am

ABOUT THE CAUSE

Epilepsy is one of the major health problems of our nation, yet it remains one of our most misunderstood disorders. Epilepsy will strike 1 out of 100 people each & every day! It is the 3rd most common neurological disorder in the United States, after Alzheimer's Disease & stroke. It is equal in prevalence to cerebral palsy, multiple sclerosis, & Parkinson's disease *COMBINED!*

The Epilepsy Foundation of Central & South Texas is the **ONLY** non-profit organization dedicated **SOLELY** to providing epilepsy services to the more than 120,000 people in Central & South Texas who have been diagnosed with epilepsy. EFCST provides various programs and services including, but not limited to, seizure clinics, support groups, information & referral, employment assistance, and public & community education. **Thank you for your support & contribution!**

SPECIAL THANKS TO:



Please make checks payable to Epilepsy Foundation Central & South Texas or EFCST or you may register online at www.efcst.org.

Team Name/Captain: _____

Name: _____ DOB: _____ Age on Race Day: _____ Sex: (circle) M F

Address: _____ T-Shirt Size: (circle) S M L XL

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Email: _____

Enclosed is my entry fee \$ _____ and my additional tax deductible donation of \$ _____ for a total of \$ _____.

*Entry fee is \$25 and \$30 after November 1, 2009.

Release of Liability: In consideration of the acceptance of this registration entry, I assume full and complete responsibility for any injury or accident which may occur during my participation of this race or while on the premises of this event, and I hereby release and hold harmless the sponsors, promoters, and all other persons and entities associated with this event from any and all injury and damage, whether it be caused by negligence of the sponsors or promoters or other persons or entities associated with this event or their agents or employees, or otherwise. I also understand that my entry fee is non-refundable.

Signature: _____ Date: _____

(Guardian Signature if participant is under 18)

SPONSOR LIST: Ask family, friends, neighbors, or coworkers for donations to this worthy cause! Their cancelled check is their receipt. All contributions are tax deductible to the extent of the law. Encourage family and friends to participate. Thank you for supporting Epilepsy Foundation Central & South Texas!

Name of Participant: _____ Name of Team: _____

Sponsor's Name	Street, City, Zip	Donation
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		

Please make checks payable to Epilepsy Foundation Central & South Texas

Total

 Team Name/Captain: _____

Team Member: _____ Sex: (circle) M F T-Shirt Size: (circle) S M L XL

Team Member: _____ Sex: (circle) M F T-Shirt Size: (circle) S M L XL

Team Member: _____ Sex: (circle) M F T-Shirt Size: (circle) S M L XL

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Team Member: _____ Sex: (circle) M F T-Shirt Size: (circle) S M L XL

****Teams can be as big or small as you'd like. The minimum donation per person must meet the individual entry fee of \$25 each.****

Questions???: Please call EFCST at (210) 653-5353 or email at staff@efcst.org.