



**STEP
OUT** | **WALK**
TO STOP DIABETESSM

 American Diabetes Association.



City of Riverside and American Diabetes Association

Come join the American Diabetes Association's fundraising challenge to STOP Diabetes!

What:

The City of Riverside will help STOP Diabetes by Fundraising and Walking! City Departments will hold a friendly competition to raise funds!

How:

Register to participate by logging into <http://diabetes.org/stepoutriverside> and joining your Departmental Team (search for *City of Riverside* and look for your Department)

When:

Saturday, October 15, 2011 (7:30am – 1:00pm)

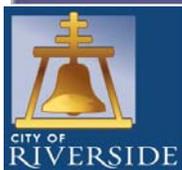
Where:

White Park (9th and Market)

Incentives include:

- ◆ Free Pedometer for signing up with your departmental team
- ◆ Entrance to prize drawings for signing up with your team
- ◆ Entrance to prize drawings for attaining fundraising amounts
- ◆ Winning Department will receive the ADA Trophy and a luncheon for participants!

1-888-DIABETES X7432 - <http://diabetes.org/stepoutriverside>



For questions regarding Departmental Teams,
please contact Human Resources at
951-826-5639.



FIRST STEP: REGISTRATION

STEP OUT | WALK TO STOP DIABETESSM

Or register online at diabetes.org/stepout.

 American Diabetes Association.

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

I will Step Out in: CITY **RIVERSIDE**

STATE **CA**

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		
EMAIL ADDRESS				



I am a Red Strider.

(A Red Strider is a walker with Type I, Type II or gestational diabetes)

Sign me up to use the online fundraising tools using the email address provided above.

HOW DID YOU HEAR ABOUT STEP OUT?

MAIL/POSTCARD	STORE DISPLAY	E-MAIL	FAMILY/FRIEND
COMMUNITY EVENT	POSTER	AD*	OFFICE

*Please specify publication: _____

- I am walking and want to jumpstart my fundraising by making a personal contribution.
- I am unable to walk but will support the fight against diabetes by making a personal contribution.

I WOULD LIKE TO MAKE A DONATION

CHECK (Payable to American Diabetes Association) EXP

CARD NUMBER

CARDHOLDER'S SIGNATURE: _____

CREDIT CARD BILLING ADDRESS: _____

DO YOU OR A LOVED ONE HAVE DIABETES?

SELF	TYPE 1	TYPE 2	PRE DIABETES
SPOUSE	TYPE 1	TYPE 2	PRE DIABETES
PARENT	TYPE 1	TYPE 2	PRE DIABETES
CHILD	TYPE 1	TYPE 2	PRE DIABETES
OTHER	TYPE 1	TYPE 2	PRE DIABETES

LEARN MORE ABOUT ADA AND ITS SUPPORTERS

- 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.
- Yes, I want to become a Diabetes Advocate! Please send me Action Alerts. (E-mail required)
- Yes, I'd like to receive a FREE issue of *Diabetes Forecast*, *The Healthy Living Magazine*.

EVENT INFORMATION

MY FUNDRAISING GOAL IS

T-SHIRT SIZE S M L XL XXL XXXL

TEAM INFORMATION

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

TEAM TYPE	FAMILY/FRIEND	CORPORATE	TEAM NAME
	CLUB/ORGANIZATIONAL	SCHOOL	TEAM CAPTAIN

EMERGENCY CONTACT INFORMATION

FULL NAME _____

PHONE NUMBER _____