

Walk Site Location _____

Team Name _____

Team Captain _____

Name _____

Home Address _____

City _____ State _____ ZIP _____

Home Phone _____ Work Phone _____

Email _____

Individual Goal \$ _____

Company/Organization _____

Please subscribe me to the EFCST eNewsletter for the latest updates. Please add me to the EFCST mailing list.

Signature _____ Date _____

PLEASE MAKE CHECKS PAYABLE TO YOUR LOCAL EFCST OFFICE

San Antonio
Epilepsy Foundation Central & South Texas
Attn: Amber Sizer
8601 Village Drive, Suite 220
San Antonio, TX 78217

Austin & RGV
Epilepsy Foundation Central & South Texas
Attn: Mary Saldivar
12741 Research Blvd, Suite 401
Austin, TX 78759

