



## 2016 **unite@night** Walk Application & Agreement



The Chiari & Syringomyelia Foundation's (CSF) **unite@night** is a one-mile casual evening walk in various locations around the country during the months of May through August. These walks bring together people who are suffering with the devastating effects of Chiari malformation, syringomyelia, and related disorders such as, but not limited to: Ehlers-Danlos Syndrome (EDS), hydrocephalus, idiopathic intracranial hypertension, dysautonomia, and more.

If you would like to submit a request to set up a **unite@night** walk site, please submit this application after reading and agreeing to the conditions below. **unite@night** supports local CSF Chapters, as well as large-scale research and education projects to benefit the over one million families in the United States, alone, who suffer everyday from Chiari, syringomyelia and related conditions.

I, the undersigned, hereby agree to the following conditions for the Chiari & Syringomyelia Foundation's (CSF) **unite@night** walk:

1. I will ensure that all walkers have agreed to the Waiver and Release of Liability, either online or on-site at the walk.
2. Any materials distributed on CSF letterhead must first be approved by the CSF National Office prior to the distribution of said materials.
3. All materials used at the **unite@night** walk should be CSF materials, or materials pre-approved by the CSF National Office including, but not limited to: forms, brochures, posters, T-shirts, incentive programs, etc.
4. CSF National Office will cover the following expenses, *only*, for each walk site: permit fees, insurance, and, provided individual participants are eligible, **unite@night** T-shirts & giveaways.  
*\*Any additional, or significant expenses must not exceed amounts collected in sponsorships/donations for your walk and must be approved by the CSF National Office.*
5. Each **unite@night** site Chairperson is in charge of completing any paperwork for that site, including required permits. Copies of all paperwork and invoices must be sent to the CSF National Office, no later than two weeks after the event. A CSF National Office worker is always available to assist with paperwork.
6. Each site is required to use CSF insurance. The Chairperson will work alongside the CSF National Office to complete the required paperwork.
7. All invoices are to be sent to the CSF National Office for payment. All funds collected and all receipts are to be sent to the CSF National Office within two weeks of the walk. No expenses may be paid out of revenue collected, with exception given to third-party fundraisers.\*
8. All funds raised will be used to support the CSF mission which includes support for CSF Chapters to provide education and awareness as well as support of research projects that can potentially find answers to help those who are fighting these disorders.
9. Tax receipts will be provided to donors. Chairperson is responsible for all other acknowledgements and thank-you's for sponsors, volunteers, etc.
10. CSF will provide personal fundraising webpage, as well as a Facebook page for each walk site.
11. Each walk site will be named the **CSF unite@night (City, State) Walk**.
12. All donor lists are the property of CSF and cannot be used for any other purposes. Any unlawful distribution or selling of these lists is not permitted.

\*Contact CSF National Offices to clarify "third-party fundraisers".

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**CONTACT INFORMATION**

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Mobile Phone: \_\_\_\_\_ Preferred? Y / N  
Home Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

**PROPOSED WALK LOCATION (this doesn't need not be finalized yet)**

City, State: \_\_\_\_\_  
Date (tentative): \_\_\_\_\_  
Location (optional): \_\_\_\_\_  
*Estimated number of walkers:* \_\_\_\_\_

\_\_\_\_\_ **I plan on completing a unite@night Solo Walk. Please add my Solo Walk to the CSF website as a unite@night location.**

_____
Printed Name of Volunteer Walk Site Coordinator
_____
Signature of Volunteer Walk Site Coordinator
_____
Date

**Please submit this application & agreement to the CSF Chapter Office:**  
Chiari & Syringomyelia Foundation, Inc., Cathy Poznik, Chapter Coordinator  
3075 Killingworth Lane, Twinsburg, OH 44087  
OR  
Scan and send to: [cpoznik@CSFInfo.org](mailto:cpoznik@CSFInfo.org)  
OR  
Scan and fax to: (330) 998-6195 (call first)  
If you have any questions/concerns, call Cathy at (330) 998-6195

For more information on how to set up a successful walk and for great fundraising tips and tricks, please look to your **Walk Guide**. For additional fundraising, awareness and educational materials, consider becoming a CSF Chapter Representative! Contact Cathy Poznik (information above) for more information on the **CSF Chapter program!**

*CSF is a 501(c)(3) nonprofit organization whose mission is to advance knowledge through research and to educate the medical, allied sciences, and lay community about Chiari malformation, syringomyelia and related disorders.*