



Pump It Up For Platelets!

~ for a world free of ITP

Organizer Information

(Please complete all information, save it and email to jshy@pdsa.org)

Personal Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Home Phone: () _____ Cell Phone: () _____

E-mail Address: _____

Are you a paid PDSA Member (\$25 or more)? **YES** **NO**

Birth Date: _____ Legal Parent/Guardian Name (if under 18): _____

Parent address (if different): _____

Parent Home Phone: () _____ Parent's Cell Phone: () _____

Event Information

Location: _____ Event Date: _____

Event Time: _____ Estimated # of participants: _____ **Child-18 & under () Adult ()**

Contact Name: _____ E-mail Address: _____

Phone: () _____ Cell Phone: () _____

Location _____ Location _____

Address: _____ Fee (if any): \$ _____

Emergency Contact Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Primary Phone: () _____ Alternate Phone: () _____

Relationship: _____

Questions or need help? Contact Jody Shy jshy@pdsa.org or 440-746-9003