

**Walk for Beauty** began in 1994 as a community effort to raise awareness about breast cancer and to establish a boutique for people with cancer. Since 1996, the Walk for Beauty has supported breast cancer research at Stony Brook University (SBU). Proceeds from the 2011 Walk for Beauty will support breast cancer research at Stony Brook University, as well as provide cancer patients with wigs, prostheses and other special products.

All proceeds go directly to research and to help cancer patients, never to administrative fees. Nothing is deducted for administrative costs. Donations are fully tax deductible.

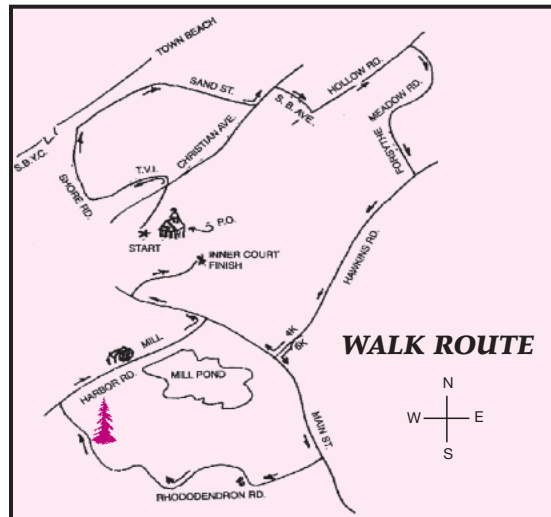
**How It Works**

Walkers collect donations from family, friends and co-workers. All donations are submitted at registration on the day of the Walk. See registration form for pre-registration information.

**When & Where**

This year's Walk for Beauty (4K/6K) will be held in beautiful and historic Stony Brook on **Sunday, October 2, 2011** with the start line at the Stony Brook Post Office.

See us on Facebook: *Walk for Beauty*



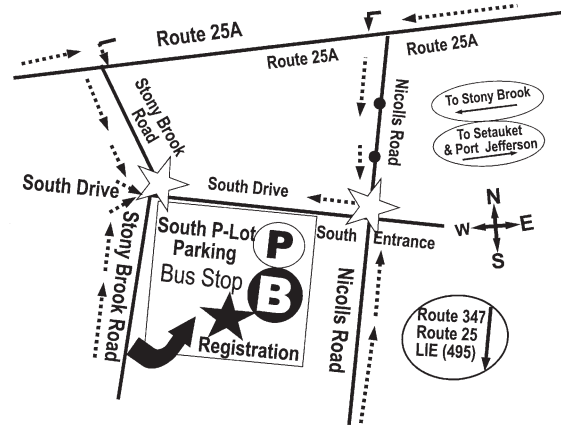
**Stony Brook Village Center Walk Route**  
The 6K walkers have the option of walking through *Avalon Park and Preserve.*

**Parking**

Please park in South-P Lot on the campus of Stony Brook University, just minutes from the **Walk** start-line. Shuttle buses will run continuously between P-Lot and Stony Brook Village Center. **(See map below.)**

**Express Check-In**

Parking in P-Lot will enable you to take advantage of the express registration area located there. Once you arrive at the Stony Brook Village Center, you'll be registered and ready to walk!



**DIRECTIONS TO P-LOT**

**25A From the east.** Turn left at Nicolls Road. At the 3rd traffic light, turn right onto the Stony Brook "South" campus. Follow signs on South Drive to P-Lot, which will be on the left.

**25A From the west.** Turn right at Stony Brook Road. At the first traffic light, turn left onto Stony Brook "South" campus. P-Lot is directly on the right.

**From the LI Expressway (495).** Take Exit 62 (Rt. 97, Nicolls Road). Go north on Nicolls Road (about 9 miles). Turn left at the first entrance for the Stony Brook campus. This is South Drive. Follow the road signs to P-Lot which will be on the left.

For assistance with directions, call 631.444.4000.

**WALKER SPONSOR SHEET**



All walkers must register to participate. Collect the donations from your sponsors using this form. Your donation is fully tax deductible. Sponsors convert cash to a check. Please make checks payable to the **Walk for Beauty Fund** and bring your donations with you to the registration table or mail in advance to:

**Walk for Beauty Fund, c/o Stony Brook University Medical Center, Community Relations Department, 188 Belle Mead Road, E. Setauket, NY 11733**

Name of Walker \_\_\_\_\_ Team Name \_\_\_\_\_

Company Name and Department \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_

**Sponsors: Pay only by check to the Walk For Beauty Fund**

Sponsor Name	Address (Street, City, State, Zip)	Contribution
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		

**ATTACH THIS FORM TO YOUR CONTRIBUTIONS**

More Sponsors? Please use plain paper and attach.  
Contributions are fully tax deductible. For more information call: 631.444.4000.

TOTAL

**REGISTRATION FORM**

*Must be filled out for each walker.*

**Donation**

• Individuals: \$20

• I cannot walk but here is my \$\_\_\_\_\_ donation.

**Pre-Registration Bonus**

Walkers who register by 9/17 will receive a \$5 savings off the registration fee. To pre-register please mail the completed registration form and checks (\$15 Minimum) made payable to:

**Walk for Beauty Fund**

**c/o Stony Brook University Medical Center  
Department of Community Relations  
188 Belle Mead Road, E. Setauket, NY 11733**

**T-Shirts**

Registered walkers will receive a Walk for Beauty T-Shirt while supplies last. On the day of the Walk there will be a special table where you may pick up T-shirts. Pre-registration forms must be postmarked no later than September 17. **To confirm registration please provide e-mail address below or call 631.444.5250.**

**PLEASE PRINT**

Name \_\_\_\_\_

Team Name \_\_\_\_\_

Company and Dept. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Tel. (H) \_\_\_\_\_ (W) \_\_\_\_\_

E-mail address \_\_\_\_\_

Age if minor \_\_\_\_\_

Name of adult with minor \_\_\_\_\_

In signing this form for myself (or participant below if he or she is under 18), I understand and I agree to absolve Stony Brook University Medical Center and all sponsors, be they individuals or organizations, individually or collectively, of all blame for any injury, misadventure, harm, loss or inconvenience suffered in any of the activities associated with the said event. I grant full permission for organizers to use my name, likeness, or voice and photographs, videotapes or quotations from me in accounts and promotions in any medium for this event.

SIGNATURE OF PARTICIPANT \_\_\_\_\_

SIGNATURE OF PARENT (if participant is under 18) \_\_\_\_\_