



Individual Registration Fee: \$20.00 per person

Family Registration Fee: \$60.00

Children under 2 are free!

(includes up to four individual people)

I am registering as: ____ an individual **OR** ____ as a family
(please indicate)

Please forward completed registration forms to:

Kari Moxham

315 Cowan Cres

Sherwood Park AB T8H 0E4

Last Name: _____ First Name: _____

Date of Birth: _____ Age: _____ Sex: M or F

Home Address: _____

City: _____ Postal Code: _____

Daytime Phone: _____ Cell: _____

Email: _____

(Optional) I am walking in support of or on behalf of: _____

Participants Signature: _____ T-shirt size: _____

By signing this registration form I release and discharge the Canadian Association for Williams Syndrome and all sponsors from any claim, injury, losses or liabilities as a result of participation in this walk-a-thon.

T-Shirt sizes are available in: Youth: Small, Medium or Large **OR** Adult: Small, Medium, Large, XL, XXL
(Please indicate youth or adult. **Registrations MUST be received by May 6th to receive a t-shirt**)

Additional Family Member #1

Name: _____ Age: _____ T-shirt size: _____

Additional Family Member #2

Name: _____ Age: _____ T-shirt size: _____

Additional Family Member #3

Name: _____ Age: _____ T-shirt size: _____

If the main participant is under the age of 18 and they are not walking with a family member they must have signed permission of their parent or guardian to participate

Parent Name (please print) _____

Parent Signature _____