



**Individual Registration Fee: \$15.00** per person

**Family Registration Fee: \$40.00**

**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:**

Coralee Crowe  
27 Regis Dr  
Winnipeg MB  
R2N 1J9

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 \_\_\_\_\_