

## 2019 Walk for Dyslexia-Madison Registration Form

Note: All participants will receive an official Walk T-shirt while supplies last. Pre-registering by May 4<sup>th</sup> guarantees you will receive a shirt.

Check or cash with this form, please. (Credit cards accepted via PayPal at [www.walkfordyslexiamadison.org](http://www.walkfordyslexiamadison.org).)

Walk Registration/Check-In will take place at the Brittingham Park Shelter May 18, 2019 at 7:30 am. Walk starts at 8:30 am.

**Advance Registration Fee for Adults: \$20.00**

Payment must be received along with the entry form before May 4<sup>th</sup> to guarantee your shirt size.

**Event Day, On-Site Registration Fee for Adults: \$25.00**

**Group Advance Registration Fee for Adults: \$15.00 per person.**

A team must consist of five or more adults and children. Group registrations must be received in the same envelope and must be received by May 4<sup>th</sup>, 2016.

**Children 12 and under: \$5.**

Complete and Sign your Registration Form; send it with your payment to  
**Children's Dyslexia Center-Madison, 301 Wisconsin Ave., Madison WI 53703**

**Checks are to be made payable to: *Children's Dyslexia Center - Madison***  
**For more information see our website: [www.walkfordyslexiamadison.org](http://www.walkfordyslexiamadison.org)**

✂ -----  
 I plan to participate in the Walk. Enclosed is my registration fee (\$20-adults; \$5-children under 12).  
 I am registering a Team. Enclosed are group registration fees of \$15 for \_\_\_\_\_ adults (\$5 for \_\_\_\_\_ children under 12).

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

I cannot attend, but enclosed is my donation of \$ \_\_\_\_\_

I would like to volunteer the day of the Walk. Please contact me at the phone/email below.

Participants will receive a commemorative T-shirt. Please indicate size(s):

Youth Medium       Youth Large       Adult Small       Medium  
 Large       1X       2X       No T-shirt(s)

\_\_\_\_\_  
Name Please Print

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Home Phone      Work/Cell Phone      Email

\_\_\_\_\_  
Emergency Contact and Phone Number

### Participant Liability Agreement:

Please enter me in the "Walk for Dyslexia-Madison". I, on behalf of myself, my heirs, executors, and administrators hereby release the Children's Dyslexia Center - Madison from any and all claims, damages, and rights of action I may have, present or future that may arise out of, or be incident to my participation in the Walk event. In addition, I grant permission for the use of my name and/or picture in any photograph, film or videotape of the event for any purpose.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature(s) (All participants must sign.)

NOTE: If participant is under 18 years of age, parent or guardian must sign.

**This agreement must be signed for your registration(s) to be entered**