

Stroll for Epilepsy 2016 Registration Form

First Name: _____

Last Name: _____

Address: _____

City, State, Zip: _____

E-mail: _____

Phone: _____

Emergency Contact: _____

Emergency Contact #: _____

How did you hear about the Stroll?

Team Name: _____

Payment Enclosed:

- \$15 Child Registration (12 & under)
- \$ 30 Adult Registration (13+)
- I have epilepsy and would like to order a special purple shirt (Must be ordered by 1/11/16 to be guaranteed a shirt)

T- shirt size: Youth S M L

Adult S M L XL XXL

- I have signed the waiver on the back of this form

Join us for the 2016 Stroll!

Sponsored by:



**EPILEPSY
FOUNDATION**
Greater Cincinnati and Columbus

The Epilepsy Foundation leads the fight to stop seizures, find a cure, and overcome the challenges created by seizures.

Epilepsy Foundation of Greater
Cincinnati and Columbus

895 Central Avenue
Suite 550
Cincinnati, OH 45202

Phone: (513) 721-2905
Fax: (513) 721-0799
Toll Free: (877) 804-2241
Email: efgcc@epilepsy-ohio.org

Stroll for Epilepsy

A Family Friendly Walk

January 30, 2016
Polaris Fashion Place

8:30 a.m. Registration
9:30 a.m. Treasure Hunt Begins
11:30 a.m. Treasure Hunt closed & winners
are drawn

Presented By:



**EPILEPSY
FOUNDATION**
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Columbus leads the fight to stop
seizures, find a cure and
overcome the challenges created
by seizures.*

Details

- ⑤ When: Saturday, January 30, 2016 at 9:30 a.m.
- ⑤ Same day registration begins @ 8:30 a.m.
- ⑤ Early registration and packet pick up will take place on Friday, January 29, 2016 from 5:00-8:00 PM in the Food Court of Polaris Fashion Place
- ⑤ Where: Polaris Fashion Place
1500 Polaris Parkway
Columbus, OH, 43240
** Begins in food court area
- ⑤ Who: Anyone who wants to support people with epilepsy and the work of the Epilepsy Foundation;
Anyone who wants to win a gift card to Polaris Fashion Place
- ⑤ How: Complete and send in the form on this brochure with your payment or go to: www.epilepsy-ohio.org to register online

Your participation in this event helps the Epilepsy Foundation provide valuable services to the community including: counseling, support groups, community education, camping programs, and much more! To find out more about the agency, go to : www.epilepsy-ohio.org

How it Works

A fun, family friendly event that all can take part in. All participants who register receive a colorful t-shirt and Treasure Hunt card. With the card, the participants walk throughout the mall visiting Treasure Hunt stops. At the stops, the participants will answer questions about epilepsy and receive special stamp on their card. After visiting all the stops, the participants will then return to the food court area to enter their card into a drawing for \$400 in gift certificates to the Polaris Fashion Place. There will also be live entertainment, a silent auction, and much more at the food court area!

Want to Start a Team?

Join together with family and friends to start a team on our website. You can personalize your page with pictures and e-mail it to family and friends. All gifts to your team before the end of the year can be used as a tax deduction in 2015. Also, the more your team raises, the more prizes you win.

Check it out at www.epilepsy-ohio.org

Pay By:

⑤ Check: Mail registration form and check to:
Epilepsy Foundation of Greater Cincinnati
and Columbus
895 Central Ave., Suite 550
Cincinnati, OH 45202

⑤ Credit Card: Mail registration form with your credit card information to the address above:

- MasterCard
- Visa
- American Express

Card #: _____

Expiration Date: _____ Security Code: _____

Amount: _____

Signature: _____

⑤ Online: www.epilepsy-ohio.org

In consideration of the acceptance of my entry, I hereby waive on behalf of my heirs, executors and assigns all claims of any nature arising from my participation in the Stroll for Epilepsy and do hereby release the Epilepsy Foundation of Greater Cincinnati and Columbus, all sponsors, workers, officials and volunteers from any claim whatsoever arising from my participation in this event. I agree to abide by all the rules of participation, and acknowledge that the Event Committee may refuse or return my entry at its discretion. I understand the risks for participating in this event. I HAVE NOTED ANY MEDICAL CONDITION on this entry form. I will permit the use of my name and picture participating in this event for publicity.

Signature

Parent Signature (if under 18)