

**We're "Taking it Off" for Epilepsy!
We DARE You to Join Us...**



**Epilepsy Association of Calgary—Head Shave for Epilepsy
PARTICIPANT REGISTRATION**



Head Shave - RAZING Awareness for Epilepsy

Participant Name _____ Telephone Number () _____

Address _____ City _____ Prov _____ PC _____


E-Mail Address: _____ (Note: Only the participants name and photo will appear on our Bare Naked Noggins web-site—all other information is for office use).

I am over 18 years of age _____ I am under 18 years of age _____ Written consent from a parent or guardian is REQUIRED for any participant under the age of 18. Consent is also required for participants wishing to participate in event photos, promotions, and/or media. Please download and complete the consent form to enclose with your registration. Please enclose a photo for your web-page.

My FUNd-Raising Goal for the Bare Naked Noggins Head Shave is: \$ _____

Funds are raised via pledges from friends and family. Donations can be made on-line or submitted on a pledge form—available on our website (www.epilepsycalgary.com) or by calling the Epilepsy Association at (403) 230-2764.

Tell us why you'd like to shave your head for epilepsy: _____

| | |
|---|--|
| <p>For further information, or to return your registration form: Epilepsy Association of Calgary 4112—4th St. N.W. Calgary, Alberta T2K 1A2 Telephone (403) 230-5766 www.epilepsycalgary.com 1-866-EPILEPSY</p> | <p>Thanks to our Sponsors!</p>  |
|---|--|

