



# Registration Form

## Light the Night for Sight Walk and Family Festival

Friday, April 23<sup>rd</sup>, 2010 6pm-8pm  
Channelside Bay Plaza and Riverwalk, Tampa, FL

### Registration Information

Number of Participants \_\_\_\_\_

Participant Name(s)/Age(s)

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

5. \_\_\_\_\_ 6. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Emergency Contact Phone \_\_\_\_\_

### Donation Information

Credit Card Type: MasterCard \_\_\_\_\_ VISA \_\_\_\_\_ AMEX \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

VCode: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name (as it appears on card) \_\_\_\_\_

Signature \_\_\_\_\_

Billing Address \_\_\_\_\_

*Checks or money orders made payable to Prevent Blindness Florida are also accepted.*

**Please return complete form and payment to:**

Prevent Blindness Florida

1112 East Kennedy Blvd

Tampa, FL 33602

**Or, fax to:** 813-226-3745

Registration and payments can also be made online at: [www.preventblindness.net/LNSFL](http://www.preventblindness.net/LNSFL)

**Please carefully read the following  
Waiver & Release of Liability Statement,  
then sign on the line below to confirm your agreement.**

*Please sign and printed name for each participant*

In return for permission by Prevent Blindness Florida to participate in the Light the Night for Sight Walk and Family Festival, I release Prevent Blindness Florida, Channelside Bay Plaza, and City of Tampa, its members, volunteers, sponsors, donors, and any other participant from any claim of injury or loss that occurs to me, my child, my ward, or anyone else on whose behalf I am representing by signing this form. I give permission to Prevent Blindness Florida to use any photo, video footage, etc. that is taken during this event for use in future promotional materials. This is a casual walk with no fitness requirements. Anyone can participate - children, adults, and seniors are welcome. For the safety of all participants, bicycles, rollerblades and animals are not allowed on the course.

Signature of Participant

---

Date

---

Printed Name

---

Signature of Parent/Guardian (required if participant is under 18 years of age)

---

Date

---

Printed Name

---