



# Registration Form

## Purple Day Bunny Hop for Epilepsy 2012

I would like to register our school or centre.	<input type="checkbox"/>
Please provide me with a Purple Day Bunny Hop Kit.	<input type="checkbox"/>
We will host a fundraiser for Epilepsy Durham Region.	<input type="checkbox"/>
If possible, we would like to have the media attend our centre to take photographs.	<input type="checkbox"/>

Contact Name: \_\_\_\_\_

School: \_\_\_\_\_

Number of Staff and Students: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal code: \_\_\_\_\_

Telephone : \_\_\_\_\_

Alternative Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

