

TAMPA BAY ARTHRITIS FOUNDATION FAMILY DAY!



Please **fill out completely** and mail, email or fax to the Arthritis Foundation by 9/28/15.

YES, my family will be attending on Saturday, October 3, 2015 and there will be _____ members of our immediate family attending.

Family's Last Name _____

Mother's First Name _____ Father's First Name _____
(Has arthritis- Y / N) (Has arthritis- Y / N)

Children:

First Name	Birth Date	Arthritis (Y or N)	School Name
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Phone: _____ Email: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Parent Signature

Don't forget to register for the 2015 Jingle Bell Run/Walk!

Tampa- 12/19/15- <http://jbr.org/tampa>

Bradenton- 12/5/15- <http://jbr.org/bradenton>

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