

SIGN UP NOW!

One person per registration form. Please print clearly and complete both sides of the form as applicable.

chili's
Presents



1. GENERAL INFORMATION

Returning participant New participant

First name: _____ Middle initial: _____ Last name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Email: _____

Home phone: _____ Other phone: _____ Cell/mobile Business

Date of birth: _____ Gender: Female Male

How did you hear about Chili's® Clip for Kids? (Check all that apply.)

Radio TV Newspaper/publication On-site presentation

Friend or relative Social media Past participant

Other: _____

Participant T-shirt size

Adult: Small Medium Large
 XL XXL XXXL

Youth: Small Medium Large XL

2. ADDITIONAL DONATION

I would like to make an additional gift of \$_____.

Method of payment: Check made payable to **Clip for Kids** Visa MasterCard AmEx Disc

Card number: _____ Exp. date: _____ Signature: _____

3. TEAM INFORMATION

Create a new team/join an existing team

Are you: Creating a new team Joining an existing team

Are you joining as a: Team member Team captain

What is your team name? _____

Register as an individual

You can sign up as an individual or volunteer. At any time after registering, you can join an existing team or start a new one.

4. PLEASE SEND COMPLETED FORM AND REGISTRATION FEE DIRECTLY TO:

Clip for Kids
c/o Children's Hospital Foundation
234 E. Gray St., Suite 450
Louisville, KY 40202

Questions? Call (502) 629-8060.

Thank you for your efforts to beat childhood cancer in our community. Please inform supporters that 100 percent of net proceeds from the Chili's® Clip for Kids event will benefit Norton Children's Hospital through the Children's Hospital Foundation. The Children's Hospital Foundation is a 501(c)3 organization. Tax identification number: 61-6027530