



PURPLE DAY for EPILEPSY

26 March 2012

SCHOOL / ELC REGISTRATION FORM



YES! We are going purple for Purple Day! Here is what we will be doing to show our support

*Please tick the activities you are planning to do. In some instances (marked with an *) a member of our Fundraising Team will need to contact you with further information*

<input type="checkbox"/> Wear purple and encourage others to do the same	<input type="checkbox"/> Please send us an electronic copy of "Any bunny can support epilepsy" colouring in sheet
<input type="checkbox"/> Hold a free (purple) dress day and donate proceeds to Epilepsy Queensland in exchange for a free sticker or temporary tattoo	<input type="checkbox"/> Please send us _____ Purple Day Stickers
<input type="checkbox"/> Host our own Purple Day activity and/or a mask-themed event.*	<input type="checkbox"/> Please send us _____ Purple Day temporary tattoos
<input type="checkbox"/> Buy Purple Day merchandise*	<input type="checkbox"/> Please send us _____ Purple Day posters
<input type="checkbox"/> Sell Purple Day merchandise on behalf of Epilepsy Queensland*	<input type="checkbox"/> We are happy to be contacted by the media regarding our Purple Day activity
<input type="checkbox"/> Display an Epilepsy Queensland collection tin*	<input type="checkbox"/> We are happy for our event/name to be included on the relevant Purple Day websites
<input type="checkbox"/> Please send us a free Purple Day resource pack (for Primary Schools / Early Learning Centres)	<input type="checkbox"/> We would like to submit Purple Day photo/s and give permissions they be used for promotional purposes
<input type="checkbox"/> Other (please specify): _____	
I wish to register as <input type="checkbox"/> Primary School <input type="checkbox"/> High School <input type="checkbox"/> Early Learning Centre <input type="checkbox"/> Other (please specify)	
<input type="checkbox"/> We have _____ students / children / participants	
<input type="checkbox"/> We have a connection with epilepsy (please specify) (optional) _____	
<input type="checkbox"/> Please send information on Epilepsy Queensland's Trivia Challenge program for years 4-7	
<input type="checkbox"/> We would like to know more about the services/programs Epilepsy Queensland provides—please ask a member of the Services Team to contact us	

Mr/Mrs/Ms/Miss First Name: _____ Surname: _____

School/ELC Name: _____

Street Address: _____

Suburb: _____ State: _____ Postcode: _____

Telephone: _____ Fax: _____ Mobile: _____

Email: _____

Thank you for supporting Epilepsy Queensland and bringing epilepsy out of the shadows. Together we are breaking down the barriers, spreading awareness and helping people with epilepsy.

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