

PATIENT & FAMILY CELEBRATION DAY REGISTRATIONFORM

Harrisburg /Lancaster

Please complete the form /Circle the location and return it to the Kidney Foundation of Central PA.

Feel free to scan/email the document back, mail it, or give to your Social Worker and request they fax it.

	Date:	Patient - FREE	
First Name:		Last Name:	
Address:		Phone Number:	
City: Zip Code:	:		
Email address:		Dialysis Unit or Transplant Facility:	
Guest #1 - FREE			
First Name:		Last Name:	
Check one:		Email Address:	
Child Meal Adult Meal			
Guest #2 - suggested \$10 donation			
First Name:		Last Name:	
Check one:		Email Address:	
Child Meal			

Any additional guest we suggest a minimum \$10 donation for each additional guest. All proceeds from this event benefit the Patient & Family Celebration Day.

Please use the back of the form for additional registrants. Donation due with registration via check, cash or money order.

Return Forms:

The Kidney Foundation of Central PA 900 S. Arlington Avenue, Suite 134A Harrisburg, PA 17109

Fax: 717-671-9444

Guest #3 - suggested \$10 donation

First Name:	Last Name:
Check one:	Email Address:
Child Meal Adult Meal	
Guest #4 - suggested \$10 donation	
First Name:	Last Name:
Check one:	Email Address:
Child Meal Adult Meal	
Guest #5 - suggested \$10 donation	
First Name:	Last Name:
Check one:	Email Address:
Child Meal Adult Meal	
Guest #6 - suggested \$10 donation	
First Name:	Last Name:
Check one:	Email Address:
Child Mool Adult Mool	