



NATIONAL PARKINSON FOUNDATION
Improving care, Improving lives

Orange County Chapter

The Parkinson Outreach Center, Newport Beach, Ca 92659 * 949-764-6998

SPARK Exercise: Registration Form
2010

Name(s): _____

Phone Number: _____

Street Address/Apt #: _____

City: _____ State: _____ Zip code: _____

Email: _____

Session Dates: _____

Suggested Donation is \$60.00 for 12 weeks session: **Irvine** _____ **Fountain Valley** _____ **Anaheim** _____

Yes, I/we will attend _____ sessions X \$ _____ per person = \$ _____ Total Enclosed

No, I/we can't attend but would like to donate \$ _____ to the scholarship fund **and/or** \$ _____ to provide critically needed funding to support patient programs sponsored by the National Parkinson Foundation Orange County Chapter.

Visa MasterCard Discover American Express Credit Card # _____

Expiration ____/____

My Signature _____

* Mail this completed form and donation fee to NPFOCC, P.O. Box 2207, Newport Beach, CA 92659

* (Checks payable to NPFOCC)