



a 501(c)(3) Non-profit Organization

5th Annual A Day In The Park – Sickle Cell Disease Education, Awareness, & Blood Drive

Craig Ranch Park – Garden Plaza

April 18th 2026

Exhibitor, Speaker, or Ambient Entertainment Form

(please print or type all information)

Name of Organization or Individual _____

_____ Yes, will attend the Event

_____ will bring tables and chairs for setup (personal tents also suggested if you have one)

_____ no setup required (Speaker or Ambient Entertainment)

or

_____ request BTG provide one 6-foot table and chair to set up items

_____ No, unable to attend the Event

Payment is required upon Registration to reserve your space.

Fee: \$25 per Space _____ Space(s) @ \$25 each

Electronic Payment Methods:

_____ Cash App – \$BridgingTheGapASCD

_____ Zelle – 702.266.4008 (Bridging The Gap)

Contact Information:

Contact Person:	
Email Address:	
Preferred Phone Number:	

Return form to:

Cheryl Wiley, Event Consultant

cheryl.wiley.btg@gmail.com

702-845-2188

Please email or contact me with any questions, comments, or concerns.

P.O. Box 364464, North Las Vegas, NV 89036
Main Phone #: (702) 273-6751
www.btgadulthoodsicklecell.org

TogetherWeCanDoMore



RELEASE OF LIABILITY FORM

In consideration of my participation in **BTG's 5th Annual A Day In The Park – Sickle Cell Disease Education, Awareness & Blood Drive**, on behalf of myself and my heirs, spouse, legal representatives, devisees, legatees, executors, administrators, successors, and assignees, I hereby waive, release and forever discharge any and all rights and claims for damages which I have, or may have, or which may hereafter occur, to me against BTG all counties, special districts, and properties through or upon which the BTG Event will be held; or against its, or their, respective officers, employees, agents, representatives, successors, directors, members, promoters, sponsors, advertisers, owners and any other parties who may have liability to the Releasor(s) and/or assigns for any and all injuries or damages, which may be sustained or suffered by me or by other persons in connection with my association, with or participation in and/or arising out of my traveling to or from the event.

I verify that I have full knowledge of the risks involved in this event; and I hereby assume all risks, known or unknown, foreseeable, or unforeseeable, patent or latent, that exist or may exist in connection with this event. I also hereby permit the use of my name, likeness, image, picture, or other representation in any broadcast, telecast, print media account, or marketing of the Event.

Business Name: _____

Authorize Signature: _____

Printed Name: _____

Date: _____

Printed Contact Name: _____

Contact Number: _____

