



Raise Donations and Earn These Premium Prizes

\$5	Small Kite Kit and String
\$25	Silicon Wrist Band, Sled Kite, and String
\$50	Official Event T-Shirt, Silicon Wrist Band, Sled Kite, and String
\$100	Cloth Tote Bag from the Craven-Pamlico Asthma Coalition, Official Event T-Shirt, Silicon Wrist Band, Sled Kite, and String

Please – because tobacco and animal dander are common asthma triggers, smoking and pets are not allowed at this event. Thank you for your cooperation!

Craven County Health Department

2818 Neuse Blvd.
 PO Drawer 12610
 New Bern, NC 28561
 Phone: 252 636-4936
 Fax: 252 636-1474
dyarbrough@co.craven.nc.us



Return this registration to get your team packet.



Breathing Should Be Easy!
 Craven-Pamlico Asthma Coalition (252) 636-4936

April 8, 2006
Lawson Creek Park
New Bern

Rain Day: TBA



Fly a Kite for Asthma!

Kite “Flite” is a new, fun way to raise community awareness and money for asthma management.

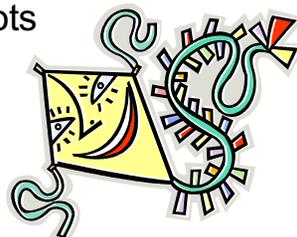
Join the Craven-Pamlico Asthma Coalition in our first-annual signature public participation promotion.



Asthma is the leading reason that children miss school or are hospitalized. More than eight million children in the United States suffer from asthma, more than 1500 locally. Asthma has no cure yet, but it can be controlled!

The money we raise through Kite “Flite” will help support family and patient services in Craven and Pamlico Counties.

Collect donations from friends and neighbors. Compete as an individual or as a team in any or all of these events: longest flight, biggest kite that flies, most creatively decorated kite that flies, most money earned, bowl race, Melee (6-sided kite kit provided with your registration before March 15, 2006). Every event winner receives a prize and points – accumulate points to win the grand prize. Register early – a limited number teams slots are available.



2006 Kite “Flite” Registration (return form to get participant packet)

Name			
Address			
City			
State	Zip		
Day Phone			
Age		Male <input type="checkbox"/>	Female <input type="checkbox"/>
I will be participating as a			
<input type="checkbox"/> Team Member		<input type="checkbox"/> Individual	
Team Name			
Team Captain			
Total Number in Team (10 max)			
I will be unable to participate, but make the following donation			
<input type="checkbox"/> \$100		<input type="checkbox"/> \$50	
<input type="checkbox"/> \$25		<input type="checkbox"/> Other:\$	
<input type="checkbox"/> Call me to help with Kite “Flite”			

**Please make check out to
Craven County Health Department**

Waiver & Release of Liability

*Exhibitor/Individual will indemnify Craven-Pamlico Asthma Coalition, Craven County Government, City of New Bern, event sponsors or any personnel or volunteers and **save them harmless from and against any and all claims, damages, action, liability and expense in connection with loss of life, personal injury, and/or damage to property arising from or out of the occupancy or use. I attest that I am physically fit and prepared for the event. I grant full permission for organizers to use photographs of me and quotations from me in legitimate accounts and promotions of this and future events.***

Signature: _____

x _____
(parent/guardians' signature if less than 18 years of age)