



SHOES for Solutions

BENEFITING SPECIAL NEEDS STUDENTS

Registration Form

School or Company Name: _____

Address: _____

County (Circle One): **ORANGE / SEMINOLE / LAKE / VOLUSIA**

Contact Person: _____ Title: _____

Contact Phone: _____ Contact Email _____

Website: _____

Statement of Understanding:

I _____, understand that the "Shoes for Solutions" Shoe drive is to benefit Abilities Workshop, Inc. A Central Florida based nonprofit that's purpose is to provide an educational platform and informational clearinghouse, mentoring, training and support for parents, pastors and teachers to empower families to successfully navigate their child's special needs journey for optimal success. The gently worn, used and new shoes donated will be collected and sent to developing nations. This is a fundraiser for Abilities Workshop Inc.

- ⇒ Every school that participates will be given a discount code for the workshop series Teach•able.
- ⇒ Schools that collect 20 bags of shoes (25 shoes per bag) will be awarded 2 full scholarships for workshop series Teach•able.
- ⇒ Schools that collect 50 bags of shoes (25 shoes per bag) will be awarded 6 full scholarships for workshop series Teach•able.
- ⇒ Schools that collect 100 bags of shoes (25 shoes per bag) will be awarded a Full Faculty presentation of the workshop series Teach•able and access for the entire teaching staff to the online support.

Prizes must be accepted as awarded. The Prize may not be sold, transferred and is not convertible to cash. By supplying your name, phone number, and email you agree to be contacted by Abilities Workshop, Inc.

Authorized By: _____ Title: _____

Signature: _____ Date _____