The cities of Chandler and Mesa present the

YOU LOOK MARVELOUS
FASHION SHOW

“How SWEET IT IS TO BE A STAR”

HOLD HARMLESS AGREEMENT

This is my permission for ______________________________________________________________
to participate in the “How Sweet It Is To Be A Star” Fashion Show 2014. I understand
that the programs are being held at a variety of locations. I hereby, for myself, my heirs,
executors, administrators, and assigns, assume all risks and waive any and all claims
for damages for injuries and release the Cities of Chandler and Mesa, their agents
or assigns, from any responsibility for any and all injuries suffered by said person
which may arise of or in connection with participation in these recreation programs. I
authorize the cities of Chandler and Mesa Parks and Recreation staff to secure medical
treatment, if necessary in the event of an emergency, and to dispense medication if
required. I also grant permission to the Parks and Recreation Divisions of Chandler
and Mesa to use the likeness, voice, and words of the above in T.V., newspaper, film,
video, or other media, for the purpose of promoting the City of Chandler Therapeutic
Recreation Program and City of Mesa Adaptive Recreation Program.

_______________________________________________________  _______________________
Parent, legal guardian or participant (if over 18)  Date

MANDATORY ATTENDANCE AGREEMENT

I, _______________________________________________________________, understand that my/my
child’s attendance at the “How Sweet It Is To Be A Star” Fashion Show workshops
and dress rehearsal is mandatory. I agree that I/my child will attend all workshops
and dress rehearsal as well as the try on session. I understand that it is important for
myself/my child to attend in order to make the show a success.

_______________________________________________________  _______________________
Parent, legal guardian or participant (if over 18)  Date

Please return this registration form by March 31 to:
Mesa Parks & Recreation
ATTN: Jacquie Gallo
200 S. Center St. Bldg. 1, Mesa, AZ 85210
or by email to jacquie.gallo@mesaaz.gov

Mayor Jay Tibshraeny, Vice Mayor Rick Heumann and
Councilmembers Trinity Donovan, Nora Ellen, Kevin Hartke, Jack Sellers and Jeff Weninger.
YOU LOOK MARVELOUS
FASHION SHOW “HOW SWEET IT IS TO BE A STAR”
SATURDAY, MAY 3, 2014 from 10:30 a.m. - 2 p.m.
Chandler Center for the Arts | 250 N. Arizona Ave.

SCHEDULE OF EVENTS
Raffle .......................................................... 10:30 a.m.
Luncheon ........................................................ 11 a.m.
Fashion Show .................................................. 1 p.m.

Brought to you by the cities of Chandler and Mesa Therapeutic and Adaptive Recreation Programs. The fashion show is designed to promote disability awareness and provide an opportunity to build self-esteem for the models. Children, teens, and adults with developmental disabilities will be modeling spring fashions.

All models participate in a 5-week workshop series. The workshops focus on teaching social graces, goal setting, improving self-image and preparation for walking the runway. The cost of registration for each model is the purchase of two luncheon/show tickets or six show only tickets.

WORKSHOP CURRICULUM
Week 1: March 31 - Wellness & You
Week 2: April 7 - You are a Star
Week 3: April 14 - Glamour Shots
Week 4: April 21 - Roll Out the Red Carpet (part I)
Week 5: April 28 - Roll Out the Red Carpet (part II)
May 2 - Dress Rehearsal
May 3 - Fashion Show

All workshops are mandatory and will be held from 6-8 p.m. at the Chandler Senior Center, 202 E. Boston. There is a mandatory try-on session for clothing at the Northwest Gilbert Kohl’s at 1121 E. Baseline. Try-on sessions are Wednesday, April 16 from 4-6 p.m. and Saturday, April 19 from 9-11 a.m. Please sign up for a time slot at the first workshop.

This program is designed as a special interest class for the participants of the cities of Chandler and Mesa. Models must have a developmental disability and be a registered participant of one of the two host cities’ adaptive recreation programs. Only a total of 60 models will be allowed to participate in this special program. Each host city will have 30 models representing its community. The only requirements are that each model must buy two luncheon tickets or six show only tickets as part of registration. If you have any questions, please call Collette Prather (480-782-2709) or Jacquie Gallo (480-644-4948). Registration is due by March 31.

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Please fill out completely.

Participant Information
Model Biography
- Chandler Participant
- Mesa Participant

Name: ___________________________ (last) ___________________________ (first) ___________________________ (middle initial)
Address: ___________________________
City: ___________________________ Zip: ___________________________
Phone: ___________________________ Parents’ E-mail: ___________________________
Birthdate: ______ / ______ / ______ Age: ___________________________ Sex: ___________________________
Weight: ___________________________ Height: ___________________________ Shirt Size: ___________________________ Dress Size: ___________________________
Pants inseam length: ___________________________ Pants waist size: ___________________________ Sleeveless tops okay? Yes No

Please Fill Out Completely
1. Hobbies, interests, favorite activities: ___________________________

2. Does participant display any special behaviors? ___________________________

3. Other pertinent information that you feel would help us in working with the participant: ___________________________

Please check one:
- Enclosed is $60 for two tickets to the luncheon & show.
- Enclosed is $ ________ for _______ extra tickets @ $30 each (luncheon & show).
- Enclosed is $ ________ for _______ extra tickets @ $10 each (show only).
- Enclosed is $200 to sponsor a table and purchase 8 tickets to the luncheon and show.

Total enclosed $ ________________

Payment Type (check one) ______ CASH ______ CHECK (payable to: “MASD”)
______ Credit Card (circle type): MasterCard VISA American Express

Cardholder Name: ___________________________
Card Number: ____________
Exp. ______ / ______ 3-Digit Card Security Code (CSC) ______________

Signature Required: I give permission for my child, myself or my spouse to receive medical treatment in case of an emergency. I understand that the City of Chandler does not carry accident insurance for these programs. I agree to indemnify and hold harmless the City of Chandler from all losses or injuries sustained during our participation. I also give my permission for any photos/videos taken of participants to be used by the City of Chandler.

Parent Signature: ___________________________ Date: ______________

PARENT SIGNATURE ___________________________ DATE ______________