



READING HEROES TAKE
a walk in the park



Be a Reading Hero!

Walk, Sponsor or
Donate for learning
disabled children in
Manitoba

Presented by the Learning Disabilities Association of Manitoba
Each step makes literacy and learning easier for children with Learning Disabilities

Join the kids for fresh air, exercise and fun (BBQ, face painting, games and prizes) in support of children's literacy and learning programs. There will be prizes for our top pledge raisers, as well as a registration gift for each child that participates!

Saturday, May 26, 2018
St. Vital Park

Early Registration (by May 10): \$5/individual;
\$3/family member or group participant

1:00 PM - Registration

Event Day Registration: \$10/individual;
\$5/family member or group participant

2:00 PM - Walk (approx. 2 km)

BBQ, etc. to follow

Directions to St. Vital Park -

Entrance to the park is on River Road. Turn north off Bishop Grandin Blvd.

For additional information or questions, please call 204 774-1821 extension 17. Visit ldamanitoba.org



Sponsored by:

Media Sponsor:





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St. Vital Park

Thank you for supporting our 8th annual event!



Dear Friends,

We are holding this "fun-raising event" in support of our children's literacy and family support programs. Every \$10 donated will make an hour of specially designed tutoring possible for a child who struggles with reading and writing. Our programs provide individualized lessons designed and supervised by teachers and delivered one-on-one by trained community volunteers.

And we see amazing results! One 7 year-old boy calls it "super school"; a 10 year old calls it "the best place in the world." Another little girl who has improved in all areas of literacy in her first session wrote this comment: "When you get help you learn more!"

From the parent of an 11 year-old: "Having 1-1 teacher/student ratio is a huge benefit and opportunity. For the first time in our journey of navigating 'in the world of a child with a learning disability,' we feel hopeful and thankful. It is wonderful to see our daughter happy, engaged, motivated and viewing herself as a learner, not as a poor student. Thank you for all your wisdom, support and nurturance."



Our Services & Programs

The Learning Disabilities Association of Manitoba provides information, support, and services for individuals with learning disabilities and / or Attention Deficit Hyperactivity Disorder, their families and the professionals that work with them.

Services include:

- Information on disabilities, remediation, strategies, and accommodations etc.
- Workshops upon request for educators and service providers

Education programs:

- Parenting the Child / Adolescent with AD/HD courses
- Resource centre with lending library, journals, DVDs, reference publications
- LINKS Children's Literacy Tutoring Program and LINKS+
- Arrowsmith Program - cognitive therapy

Other services include:

- Pre-employment program for adults with learning disabilities
- Adult Support Group
- Youth mentorship program



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Early Registration Form



Individual: _____

Family/Group: _____

Mailing address: _____

City/Town _____ Province _____ Postal Code _____

Email: _____ Ph: _____

Participants (family members or group participants):	By May 5	Later
1. _____	\$3	\$5
2. _____	\$3	\$5
3. _____	\$3	\$5
4. _____	\$3	\$5
5. _____	\$3	\$5

PAYMENT METHOD

Please remit payment to: Learning Disabilities Association of Manitoba.

VISA/MasterCard (information below) Cheque (enclosed)

Amount to be billed to Credit Card: \$ _____

Card #: _____ Expiration Date: _____

Print Cardholder Name: _____ Signature: _____

Please complete registration form and email, fax or mail with payment to:
Learning Disabilities Association of Manitoba
 617 Erin Street, Winnipeg, MB R3G 2W1
 Phone: 204 774-1821-12 Fax: 204 788-4090 Email: ldamanitoba7@mts.net



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Pledge Form



PLEASE DROP OFF COMPLETED FORM AND PLEDGES BY WEDNESDAY, MAY 25TH TO THE LEARNING DISABILITIES ASSOCIATION OF MANITOBA OFFICES - 617 ERIN STREET

Name/Family Name/Group Name: _____

Mailing address: _____

City/Town _____ Province _____ Postal Code _____

Email: _____ Ph: _____

Please Print

	Full Name	#, Street, City, Province & Postal Code	\$ Pledge
1			
2			
3			
4			
5			
6			
7			
8			