

Please write the number of shirts needed for each size (one shirt for each person registered and paid for)

Adult: ____S ____M ____L
____XL ____2X ____3X

Child: ____XS(2-4) ____S(6-8)
____M(10-12) ____L(14-16)
____XL(18-20)

Name of infant(s) you would like listed in program: _____

WAIVER

I hereby waive all claims against and hold harmless Evangelical Community Hospital, its sponsors, volunteers, and/or staff for any injury I may suffer at the Walk event. I give full permission for Evangelical to use any photographs, video or other recording of me for legitimate accounts and promotion of the event.

Signature of each participant:



**Third Annual
Walk for
Remembrance
and Hope**

Saturday, October 10, 2009



The Family Place at Evangelical Community Hospital invites you to our third annual

Walk for Remembrance and Hope

to raise awareness regarding pregnancy and infant loss and to remember and honor our precious babies who have been lost. Registrants will participate in a one-mile walk, a service of remembrance, a balloon release and a picnic lunch (optional).

Date: Saturday, October 10, 2009

Location: Lewisburg Area Park Pavilion, St. Mary Street, Lewisburg

EVENT SCHEDULE:

9:15 am - Registration

10:15 am - Walk

11 am - Service of remembrance and balloon release

Lunch to follow service. Lunch will be provided by Nestle.

Registration includes: Program, T-shirt, bracelet, balloon, snacks and beverages

Registration fee:

\$15-adults \$10-Children

Registration deadline: Monday, September 14. Thank you for pre-registering to help us prepare for the walk! Registration is open up to and including the day of the event, but to ensure that you receive a t-shirt and to ensure that your babies name is listed in the program, your registration must be received by the deadline. A check made payable to Evangelical Community Hospital is due at time of registration.

Please send registration to: The Family Place, Evangelical Community Hospital, One Hospital Drive, Lewisburg, PA 17837
ATTN: Amy Noaker

For more information, please call (570) 522-2612 or (570) 522-2378.

Directions to the Walk:

From Route 15 North, turn left onto St. Mary Street. Park will be on the right.

From Route 15 South, turn right onto Route 192 (Buffalo Road) then turn left onto 15th Street. Park will be on the left.

Registration will be at the large covered pavilion.

WALK FOR REMEMBRANCE AND HOPE REGISTRATION FORM

(please print)

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP CODE _____

PHONE #: (____) _____

EMAIL: _____

____ Number of adults x \$15= \$_____

____ Number of children x \$10 = \$_____

____ Lunches (age 10+)

____ Lunches (age 3-10)

Please fill out opposite side....