

## Three ways to register:



Fill out this form



[hospicewr.org/walk](http://hospicewr.org/walk)



216.383.3715

### I'm Registering \_\_\_\_\_ Walkers:

- \$25 Adult
- \$20 Virtual Walker
- \$75 Family (Two adults and up to three children)
- \$12 Children (12 and Under)

### I Would Also Like to Celebrate My Loved One with A Sponsor Sign:

- \$250 Donation

In Honor of: \_\_\_\_\_

Sponsored by: \_\_\_\_\_

### I'm Unable to Attend, but Wish to Donate to Hospice of the Western Reserve:

Total \$ \_\_\_\_\_

**Total Enclosed:** \$ \_\_\_\_\_

### Participant Information:

Name \_\_\_\_\_ Team Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Shirt Size  XS  S  M  L  XL  XXL

### Additional Team Members: (If registering more, please include all names and shirt sizes on a separate sheet of paper.)

Name \_\_\_\_\_ Shirt Size \_\_\_\_\_ Name \_\_\_\_\_ Shirt Size \_\_\_\_\_

Name \_\_\_\_\_ Shirt Size \_\_\_\_\_ Name \_\_\_\_\_ Shirt Size \_\_\_\_\_

### Payment Information:

- Enclosed is my check, payable to: Hospice of the Western Reserve.

- Please charge my:  Visa  M/C  AMEX  Discover

Card number \_\_\_\_\_ Exp. date \_\_\_\_\_

Name on card \_\_\_\_\_ CVV \_\_\_\_\_

Signature \_\_\_\_\_

I understand that registering for 2018 Walk to Remember via mail means I agree to the terms and conditions in the standard waiver (see waiver online or request full language from [walk@hospicwr.org](mailto:walk@hospicwr.org)).

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