

# Angel's Hope 8th Annual Walk of Hope - May 3rd 10:00 - Harwich Community Center

## Registration

Please fill out completely. Use pen and print clearly.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

Town, State, Zip \_\_\_\_\_ Club / Org. \_\_\_\_\_

I would like to walk in memory / honor of \_\_\_\_\_

**I am unable to walk, but would like to make a donation in the amount of:** \_\_\_\_\_

**PLEASE READ** - Submission of this registration constitutes an acknowledgement that the Walker is physically able to undertake the Walk, and is a waiver of any and all claims arising out of the Walk which the Walker might assert against any parties connected with the Walk. In addition, the Walker assents to the use of any photos, film or video tape of the event for any purpose.

\_\_\_\_\_  
Walker's Signature (Parent/Guardian if Walker is under 18)

\_\_\_\_\_  
Date

**Please return the completed top part of this form, with \$15 registration fee to pre-register for the walk.**

Angel's Hope families do not pay registration fee.

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Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

Town, State, Zip \_\_\_\_\_ Club / Org. \_\_\_\_\_

**Please make all checks payable to Angel's Hope**

Sponsor's Name	Address	Town, State, Zip	Pledged	Collected
<b>Total Pledged</b>				
			<b>Total Collected</b>	

Please bring this pledge form and all payments with you the day of the walk,  
or pre-register by mailing to: Angel's Hope, PO Box 983, Harwich, MA 02645  
(508) 430-6116 www.angelshope.org angelshope@comcast.net