

Registration Form (continued)

- I/We will be attending A Walk to Remember. Total number attending: _____
- I/We will not be attending A Walk to Remember.

Shirts and programs will be picked up the day of the Walk. If you won't be attending and would like items shipped to you after the Walk, please add the appropriate shipping charges listed below.

Registration and Merchandise Totals:

- \$10 Registration Fee (includes one program, one logo tote bag, and all Walk activities.)
Please include one registration fee per household. \$ _____
- T-Shirts (\$15 per shirt): \$15 x _____ = \$ _____
2017 T-shirts will be unisex sizes, short-sleeve heather red.

T-shirt sizes (enter quantity):

| | | | | | | |
|--------|-------|-------|-------|-------|-------|-------|
| Adult: | S | M | L | XL | 2XL | 3XL |
| | _____ | _____ | _____ | _____ | _____ | _____ |
| Child: | XS | S | M | L | XL | |
| | _____ | _____ | _____ | _____ | _____ | |

- Additional Charge for 2XL and 3XL: \$2.50 x _____ = \$ _____
- Additional Programs: \$5.00 x _____ = \$ _____
- Shipping \$5.00/shirt (if you won't be attending): \$5.00 x _____ = \$ _____
- Donation (optional): \$ _____

Total Enclosed (make check payable to A Walk to Remember): \$ _____



Please enclose payment with your order form and mail to:

A Walk To Remember, PO Box 9714, Springfield, IL 62791-9714

If you have any registration questions, please contact Jenna at 217-651-8232 (home number) or at WalkToRememberSpringfield@gmail.com



October 7, 2017

Washington Park
Playground Picnic Shelter
Springfield, IL

Join us for A Walk to Remember to honor the memory of beloved children who died due to pregnancy loss, stillbirth or infant death. Everyone is invited to celebrate and remember as "we walk for the steps they will never take."

Registration Form

One form per household. Registration fee includes one program, one logo tote bag and Memorial Service & Walk activities. T-shirts and additional programs may be purchased separately on reverse side of form. (Additional registration forms may be found at www.springfieldangelofohope.org/walk.asp.)

Registrant First and Last Name: _____

Street Address: _____ **City, State, Zip:** _____

Phone: _____ **Email Address:** _____

To allow time for babies' names to be printed on the Walk T-shirts and in the memorial program, registration forms MUST be postmarked on or before September 15. In addition, a completed registration form is required each year to provide your permission to include your baby's name on the T-shirt and in the program.

Babies' name(s) (please print clearly): _____

Pronunciation of baby's full name(s) – spell as it should sound read aloud:

Baby's birth and/or death dates (optional): _____

Optional memorial message for program (limit to 50 words). Please consider emailing memorial message to the address below to help expedite registration): _____

Memorial message emailed to WalkToRememberSpringfield@gmail.com

PLEASE INCLUDE BABY AND REGISTRANT NAME IN EMAIL WITH MEMORIAL MESSAGE.

2017 Walk Schedule

Check-in/Registration 8:30-9:45

Memorial Service 10:00

Memorial Walk 10:30

If you have questions, contact Jenna
at 217-651-8232.

Proceeds from this event benefit the Springfield Angel of Hope, NFP which dedicated an Angel of Hope statue in the Washington Park Botanical Garden on October 4, 2008. The Angel of Hope statue commemorates the lives of children who have died and is designed to provide a place of comfort, peace, and hope for bereaved parents and families. To aid in the mission of providing assistance to bereaved families, a portion of the proceeds also goes to St. John's SHARE and Memorial's Pastoral Care.



A Walk To
Remember