

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 _____ = \$ _____
2019 T-shirts will be short sleeve unisex sizes.

T-shirt sizes (enter quantity):

Adult: S M L XL 2XL 3XL

Child: XS S M L

• 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 Kathy at 217-899-6227 (cell)
or at WalkToRememberSpringfield@gmail.com



October 5, 2019

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.springfieldangelofhope.org/walk.asp.)

Registrant First and Last Name: _____

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

Phone: _____ **Email Address:** _____

Registration forms **MUST** be postmarked by **September 15** for baby names to be printed on the shirt and in the programs. To confirm your form has been received you may email WalkToRememberSpringfield@gmail.com. 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.

2019 Walk Schedule

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

Memorial Service 10:00

Memorial Walk 10:30

If you have questions, contact Kathy
at 217-899-6227

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