

**Due September 10,
2021**

2021 A Walk To Remember Registration

Registrant First and Last Name:

Street Address:

City, State, Zip:

Phone:

Email Address:

Baby Name(s) **[Memorial messages may be written on the back of this form or a separate sheet]**

Pronunciation of Baby's full Name(s) as it should sound read aloud

Baby Date of Birth and/or death (specify baby if multiple names being added)

I will be attending the walk: Registration (per family) including one program and tote bag \$15.00

I will not be attending the walk- please mail my items (\$5.00 bag w/ program and per t-shirt ordered. \$_____

T-shirt order: indicate number to order per size chosen

Child Small	Child Medium	Child Large	Child XL (Adult XS)	\$15 per T-shirt Picked up at event
_____	_____	_____	_____	
Adult Small	Adult Medium	Adult Large	Adult X-Large	Mailing: \$5 per T-shirt
_____	_____	_____	_____	

Adult XX-L	Adult XXX-L	\$17.50 per T-shirt
_____	_____	

Donation (Optional) \$_____.

Total Amount Due: \$_____.

Make Check Payable to: A Walk to Remember, PO Box 9714, Springfield, IL 62791-9714