



REGISTRATION FORM

register on-line at www.angelswalkforwishes.com or use this form

Saturday, September 11th, 2010 | Strafford, NH | Registration begins at 9:30am

please print neatly and fill out completely | note: each walker needs to register separately

Grid for first name

FIRST NAME

Grid for last name

LAST NAME

Grid for address

ADDRESS

Grid for city/town

CITY/TOWN

Grid for state

STATE

Grid for zip code

ZIP CODE

Grid for phone number

PHONE NUMBER

EMAIL ADDRESS

Make checks payable to: Angels Walk for Wishes | Mail to: PO Box 43, Strafford, NH 03884

ALL PRE-REGISTERED WALKERS must check-in at the registration table the day of the event.

I will be participating as*: [] WALKER: \$10 [] SLEEPWALKER: \$10

*Walkers and Sleepwalkers: \$50 in total pledges suggested. Sleepwalkers are those who want to participate, but may be unable to walk or attend the event. Pledge forms and checks may be brought the day of the event. Event t-shirts are on a first come/first serve basis for those walkers who do not pre-register and instead register the day of the event.

REGISTER PRIOR TO AUGUST 25TH TO BE GUARANTEED AN EVENT T-SHIRT

Adult t-shirt size (circle one): XS S M L XL XXL Youth XS Youth S Youth M Youth L

Angel Registration: If you too have been touched by a pregnancy loss, stillbirth, or neonatal loss, (other than Sawyer, Lucy, Grafton, Michael or Gavin) please provide the information below (all registered babies will be specially recognized at the event):

Grid for baby's name

BABY'S NAME (IF KNOWN)

Gender (circle one): MALE FEMALE UNKNOWN

Grid for date of pregnancy loss or birth date

DATE OF PREGNANCY LOSS OR BIRTH DATE

Grid for death date

DEATH DATE

Baby's relationship to you: _____

