



Join the fun at **Shriners Hospitals for Children** in Springfield at the **8th Annual Walkathon!**

DATE Saturday, September 9, 2017 (Rain or Shine) **WHERE** Shriners Hospital, 516 Carew Street, Springfield

TIME Registration: 9:00 am • Walk Begins: 10:00 am • BBQ and Entertainment: 11:00 am – 1:30 pm

REGISTRATION FEE (Walkers and Non-Walkers) **\$25 per person** • \$5 for children 12 and under • \$40 per family
A waiver must be signed to participate in walkathon. Registration fee waived if pledges exceed cost of registration fee.
Please no pets except service dogs – thank you.

REGISTRATION FORM Additional registration forms are available at the hospital or register the day of the walk.

NAME: _____ EMAIL: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

ADULTS: _____ # CHILDREN: _____ TOTAL ATTENDING: _____ AMOUNT ENCLOSED: \$ _____

Please make **checks** payable to: Shriners Hospitals for Children — Springfield

Credit card payments accepted the day of the walk or by calling 413-735-1368 prior to the walkathon.

Register Today: Cut here and send your registration to Shriners Hospital, 516 Carew Street, Springfield, MA 01104.

SPONSORSHIP FORM Donations should be collected, recorded on sponsorship form, and turned in on the day of the walkathon or mailed to Shriners Hospital, 516 Carew Street, Springfield, MA 01104.

SPONSOR NAME	AMOUNT DONATED	CASH	CHECK
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

***Ask your employer if they will match your donation.**

TOTAL: \$ _____

NAME OF WALKER: _____ EMAIL: _____

STREET ADDRESS: _____ CITY, STATE, ZIP: _____

Sponsors should make checks payable to: Shriners Hospitals for Children – Springfield.

Be sure to thank your sponsors for their support!

For more information contact Lee Roberts at 413-755-2307 or leeroberts@shrinenet.org www.walkforlove.org