

HOPE *for tomorrow*

Kim's Walk for Drug Prevention



Saturday, May 21st

Registration: 10:00 – 10:30 am

Walk 10:30 – 11:30 am

Location: Begin & End at 1st Church of Nazarene; 233 W Church Street; Marion

Sponsored by:

The Family of Kim Hamm, Chrystina Carey, the Crawford-Marion ADAMH Board
& Marion-Crawford Prevention Programs

Deadline for Registration: May 6, 2016

**Donations are
tax deductible**

Registration Fee: Pre-register with a shirt: \$20

Preregister without a shirt: \$10

Day of Walk Registration without a shirt: \$15

**Elementary age & younger children who walk are free but must pay \$10 if they want a t-shirt

Fee includes lunch following the walk

T-shirts will only be available for those walkers who pre-register by the deadline.

Anyone wanting a 2XL or larger must **add \$3** to the registration fee

Registration Form (please include names of all walkers w/tshirt sizes)

Registrant's Name: _____

Any additional walkers? (w/tshirt sizes) _____

Elementary age children? Yes No How many? _____

Are you walking in memorial? If yes, who? _____

Address: _____

City/State/Zip: _____

Phone: _____

T-Shirt Size: (please indicate how many you need and what sizes) (2xl/3xl t-shirts add \$3)

Youth Sizes: ___ M ___ L **Adult Sizes:** ___ S ___ M ___ L ___ XL ___ 2XL ___ 3XL ___ 4 XL

In Memorial Button (name): _____ **Add \$1** _____

(we must have a picture to make a memory button)

Total enclosed: _____

In consideration of your acceptance of this entry, I hereby for myself, my heirs, executors and administrators waive all rights for claims and damages I might have against the event management, walk director and all related parties for any and all injury and damage resulting from participating in the above event. I give my permission to be photographed at this event. I understand that this is a physical event and I am in proper physical condition to participate in this event.

Signature: _____ **(parent/guardian if under 18)** **Date:** _____

Cash or check payable to: Marion-Crawford Prevention Programs

Mail checks & Registrations to: Marion-Crawford Prevention Programs; 142 S Prospect Street; Marion, OH 43302