



5th Annual Hope & Heroes Walk Walker Registration Form

Sunday, May 18th, 2014

Clinton Cove Park, Manhattan (Hudson River at West 55th Street)
9am Check In, Walk begins at 10:30am

Please sign up at
www.HopeandHeroesWalk.org
or send in this form.

Please check one:	
<input type="checkbox"/> Walker (adult 18 yrs or older)	<input type="checkbox"/> Youth Walker (up to 17 years)
<input type="checkbox"/> Virtual Walker (adult 18 yrs or older)	<input type="checkbox"/> Virtual Walker (up to 17 years)

Mr. Mrs. Ms. Dr.

First Name: _____ Last Name: _____

Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Home # _____ Cell # _____

Email address: _____ Birth Date: _____ Gender: _____

Company/Organization/School Name: _____

Let us know if your company has a matching gift program

Team Captain Name: _____ Team Name: _____

My Team Fundraising Goal is \$ _____

I plan on raising \$100 on or before the Walk (to receive my t-shirt) My Personal Fundraising Goal is \$ _____

Size: Small Medium Large X-Large XX-Large

Please send me information on forming a Team.

I am unable to participate in the Hope & Heroes Walk. Please accept my tax-deductible donation of \$ _____
Please make checks payable to Hope and Heroes.

How did you hear about the Walk: Brochure Poster Search Engine Banner Ad Family or Friend Email
 Hope and Heroes Cancer Fund Other _____

Yes, I would like receive email from Hope & Heroes Children's Fund including about this Event.

Yes, I would like to receive postal mail from Hope & Heroes Children's Cancer Fund

Yes, I would like to be emailed when a gift is made on my behalf

What is your connection to this cause? I am a patient I am a family member of a patient I have a friend who is a patient
 I have no specific connection I prefer not to answer

I understand that my consent to these provisions is given in consideration of the acceptance of this registration and for being permitted to participate in this event. I am a voluntary participant in this event and in good physical condition. I know that this event is potentially hazardous and I hereby assume full and complete responsibility for any injury or accident which may occur during my participation in this event or while on the premises of this event. I hereby release and hold harmless and covenant not to file suit against the Hope & Heroes Children's Cancer Fund as well its local affiliates, and any affiliated individuals, any sponsors and their agents and employees, and all other persons or entities associated with this event from any loss, liability, or claims that I may have arising out of my participation in this event, including personal injury or damage suffered by me or others, whether same caused by falls, contact with participants, conditions of the course, or otherwise. In addition, we give full permission to the Hope & Heroes Children's Cancer Fund and its local affiliates and their sponsors to use any photographs, videotapes, or other recordings of me that are made during the course of this event.

Signature: _____ Date: _____

Must be signed by parent or guardian if under 18.

For more information contact Hope & Heroes Children's Cancer Fund, 161 Fort Washington Ave., IP-7, New York, NY 10032

This form can be faxed to: 212-305-5848

Need Assistance? Contact us at: Info@HopeandHeroesWalk.org or 1-855-HnHWalk (1-855-464-9255)

Thank You For Your Support!