



# 4<sup>th</sup> Annual Hope & Heroes Walk Walker Registration Form

**Sunday, May 19<sup>th</sup>, 2013**  
**Clinton Cove Park, Manhattan (Hudson River at West 55<sup>th</sup> Street)**  
**9am Check In, Walk begins at 10:30am**

Please sign up at  
[www.HopeandHeroesWalk.org](http://www.HopeandHeroesWalk.org)  
or send in this form.

Please check one:  
 Walker (adult 18 yrs or older)       Youth Walker (up to 17 years)  
 Virtual Walker (adult 18 yrs or older)       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](mailto:Info@HopeandHeroesWalk.org) or 1-855-HnHWalk (1-855-464-9255)**

Thank You For Your Support!