

Please write the number of shirts needed for each size (one shirt for each person registered and paid for)

Adult: \_\_\_\_S \_\_\_\_M \_\_\_\_L  
\_\_\_\_XL \_\_\_\_2X \_\_\_\_3X

Child: \_\_\_\_XS(2-4) \_\_\_\_S(6-8)  
\_\_\_\_M(10-12) \_\_\_\_L(14-16)  
\_\_\_\_XL(18-20)

Name of infant(s) you would like listed in program: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## Second Annual Walk for Remembrance and Hope

Saturday, October 4, 2008



The Family Place at Evangelical Community Hospital invites you to our second annual

## **Walk for Remembrance and Hope**

to raise awareness regarding pregnancy and infant loss and to remember and honor our precious babies who have been lost. Registrants will participate in a one-mile walk, a service of remembrance, a balloon release and a picnic lunch (optional).

**Date: Saturday, October 4, 2008**

**Location: Lewisburg Area Park Pavilion, St. Mary Street, Lewisburg**

### EVENT SCHEDULE:

9:15 am - Registration

10:15 am - Walk

11 am - Service of remembrance and balloon release

Lunch to follow service. Lunch will be provided by Abbott Nutrition.

Registration includes: Program, T-shirt, bracelet, balloon, snacks and beverages

Registration fee:

\$15-adults \$10-Children

**Registration deadline: Monday, September 8.** Registrations must be received by this date in order to receive a t-shirt. A check made payable to Evangelical Community Hospital is due at time of registration.

Please send registration to: The Family Place, Evangelical Community Hospital, One Hospital Drive, Lewisburg, PA 17837  
ATTN: Amy Noaker

For more information, please call (570) 522-2612 or (570) 522-2378.

### Directions to the Walk:

From Route 15 North, turn left onto St. Mary Street. Park will be on the right.

From Route 15 South, turn right onto Route 192 (Buffalo Road) then turn left onto 15th Street. Park will be on the left.

Registration will be at the large covered pavilion.

## WALK FOR REMEMBRANCE AND HOPE REGISTRATION FORM

(please print)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE #: (\_\_\_\_) \_\_\_\_\_

EMAIL: \_\_\_\_\_

\_\_\_\_ Number of adults x \$15= \$\_\_\_\_\_

\_\_\_\_ Number of children x \$10 = \$\_\_\_\_\_

\_\_\_\_ Lunches (age 10+)

\_\_\_\_ Lunches (age 3-10)

Please fill out opposite side....