



Celebration of Life 2017

REGISTRATION AND PLEDGE FORM

Participants are required to complete consent form. Submit to Hospice of Hilo (1011 Waiānue Avenue) before event or at registration tables on event day.

Name: _____ Phone: _____

Mailing Address: _____ Email: _____

City: _____ State: _____ Zip: _____

I am walking **IN MEMORY** of: _____

TEAM NAME (If applicable): _____ **TEAM CAPTAIN:** _____

STATEMENT OF CONSENT: I understand the risks involved in participating in *A Walk to Remember* and willingly and voluntarily accept these risks. I attest that I am physically fit and prepared for this event. I grant permission for the organizers to use photographs/images and quotations from me in accounts and promotions of this event. Participants under the age of 12 must be accompanied by an adult. Participants under age of 18 must have this form signed by a parent or guardian.

PARTICIPANT'S SIGNATURE **PARENT OR GUARDIAN** (If participant is under 18 years old)

SHARE YOUR STORY • SPREAD THE CAUSE • RAISE FUNDS FOR HOSPICE

⇒ *Ask loved ones to support your Walk to Remember! Use the other side of this form to collect pledges from friends, family and peers.*

OR

⇒ *Do you have an email or Facebook account? Visit www.hospiceofhilo.org and **click on Celebration of Life** to learn how you can easily invite your friends to participate!*

HOW TO PURCHASE LUMINARIES

There are a limited amount of luminaries. Pre-Sale: \$20 each. Purchase at event: \$25 each

- Luminaries can be purchased by visiting Hospice of Hilo at 1011 Waiānue Avenue, Hilo HI 96720. You can also call our office at (808) 969-1733 to purchase by credit card over the phone (Visa and Mastercard are accepted).
- To purchase online, visit www.hospiceofhilo.org and click "Celebration of Life".
- Pick up your luminary at Hospice of Hilo before April 28 or at the event.

Proud Partners of:



For Hospice of Hilo Use Only

Received by: _____ Donation Received: \$ _____ Check ___ CC ___ Cash ___

Picked up lanterns: No: _____ Yes: _____ How many? _____

Notes: _____



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WALK SPONSORSHIP FORM

Participant's Name: _____

Team Name (If applicable): _____

Please LEGIBLY print sponsor name and address if they would like to receive a donation receipt for tax purposes.

Print Sponsor's Name (First Last)	Sponsor's Mailing Address, City, State, Zip	Donation
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		

Please use separate sheet to record additional donations.

Make checks payable to Hospice of Hilo

Total Donations Collected:

I raised \$100 and earned a free event t-shirt!

Small
 Medium
 Large

None. I want my full donation to go to Hospice of Hilo.
 X-Large
 XX-Large