A Walk to Remember ~ benefiting A Butterfly's Touch
2011 Registration

I'm walking as an: ❑ individual ❑ family

My Contact Information:

First Name: _____ Last Name: _____

E-mail: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Other walkers in my family: _____

Please check all that apply:

❑ I will be attending the A Butterfly's Touch Walk to Remember.

❑ I am not able to attend the walk.

❑ I would like to make a donation in the amount of $_____.

❑ I would like to pre-order a T-shirt(s) for $10 each.

❑ I would like to pre-order a sweatshirt(s) for $25.

❑ Please send me a receipt for my donation.

Please print the names and important dates (birth/death) of the baby(s) who you are walking in memory of and please include phonetic spelling: _____

Shirt Pre-orders: please enter the quantity of shirts you would like to order for each size you need

Youth: YS (6-8) _____ M (10-12) _____ L(14-16) _____

Adult: S _____ M _____ L _____ XL _____ XXL _____

T-Shirts Ordered _____ X $10.00 per shirt = $_____

Youth: YS (4-5) _____ M (6-8) _____ L(10-12) _____ XL same as Adult S

Adult: S _____ M _____ L _____ XL _____ XXL _____

Sweatshirts Ordered _____ X $25.00 per shirt = $_____

Waiver

I/we hereby waive all claims against and hold harmless Walk to Remember and A Butterfly's Touch, their sponsors, volunteers, and/or staff for any injury I may suffer at the Walk event. I/we give full permission for A Butterfly's Touch to use any photographs, video or other recording of me for legitimate purposes and promotion of the event.

_____

Signature Date

_____

Signature Date

All proceeds will be used to support A Butterfly's Touch. Please make checks payable to A Butterfly's Touch.
Please send registrations to: A Butterfly's Touch, P.O. Box 68688, Milwaukie, OR 97268