THE Cancer Support CENTER
HOMEWOOD MOKENA

2009 WALK OF HOPE REGISTRATION/PLEDGE FORM

OUR "HOPE" IS THAT EACH WALKER **RAISE AT LEAST $100** TO HELP US MEET OUR FUNDING GOALS**!**

*****Note – All team and individual awards announced the day of the Walk will be based on pre-registered walkers and pre-event day donations turned in.**

Walk of Hope Date: Sunday - October 4, 2009

1. **Pre-Register & Pay Fee at The Cancer Support Center Anytime or During Donation Days** *(see box for dates & times)*
   $20 Adult (18+ yrs.) $10 Child (5-17 yrs.) Free Child 4 yrs. or younger - before day of Walk
   On day of Walk: $30 Adult (18+ yrs.) $20 Child (5-17 yrs.)
2. **Collect Pledges - START NOW** to sign up sponsors. This is a fundraising event to support our FREE programs. Please help us meet our goal of $100 or more per walker.
3. **Bring Additional pledges** to the walk. *Check-in and registration will begin at 10:30 a.m. at the Marie Irwin Center Park (Ridge Rd., 2 blocks east of Dixie Highway, Homewood, IL)*

EARLY REGISTRATION OR DONATION DAYS

(NOTE – ALL TEAM AND INDIVIDUAL AWARDS ANNOUNCED ON THE DAY OF THE WALK WILL BE BASED ON PRE-REGISTERED WALKERS AND PRE-EVENT DAY CASH TURNED IN. PLEDGES AND CASH TURNED IN THE DAY OF THE WALK WILL NOT BE COUNTED TOWARD THE AWARD ANNOUNCEMENTS.)

DATES & TIMES

FRI. OCT. 2 3 -7 PM
SAT. OCT. 3 9 AM - 2 PM

AT THE CANCER SUPPORT CENTER.
2028 ELM ROAD—HOMEWOOD
708/798-9171

Name:_____

Address:_____

City:_____**State:**_____**Zip:**_____

Telephone: (H)_____**(W)**_____**Fax:**_____

Employer:_____

Birth Date:_____ **Gender: M F Email:**_____

Team Name:_____

Team Captain:_____

❒ **Walker**

WAIVER: ❒ I am a student (Children 17 & under must be accompanied by an adult.)

I hereby waive all claims against the Cancer Support Center, sponsors and any personnel for any injury I might suffer during this event. I attest that I am physically fit and prepared for this event. I understand that I may be photographed at this event and hereby give permission for my likeness, voice and statements to be used in press releases and marketing materials.

_____ _____

Signature of participant Parent/guardian's signature if less than 18 years of age

Supporter's Name, Address, Email and/or Phone	Pledge Amount	Paid

Total number of pledge sheets _____ Money total of this pledge sheet $_____ Money total of all pledge sheets $_____

Make checks payable to: Cancer Support Center. Your check is your receipt.

Every registered Walker will receive an official event T-shirt!