



# Stroll for Hospice May 5, 2019

## REGISTRATION FORM

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Age \_\_\_\_\_

Email Address \_\_\_\_\_

Veteran \_\_\_\_ Yes \_\_\_\_ No

**\$10 Individual Registration** \$ \_\_\_\_\_  
(free under 18 yrs of age)

**\$50 Team Registration** \$ \_\_\_\_\_

(For a team of 6 or more. Please send team registrations together.)

Team Name \_\_\_\_\_

Team Captain \_\_\_\_\_

(Please include a list of team members on a separate sheet)

**T-Shirts** \_\_\_\_\_ @ \$18 each \$ \_\_\_\_\_  
(please mark quantity & size(s) below)

Adult \_\_\_\_ S \_\_\_\_ M \_\_\_\_ L \_\_\_\_ XL \_\_\_\_ 2XL

Youth \_\_\_\_ S \_\_\_\_ M \_\_\_\_ L

**Total Due** \$ \_\_\_\_\_

**Check/Cash Enclosed** (payable to VNAF)

**Credit Card** Visa - Mastercard - Discover - Amex  
(please circle type of card)

\_\_\_\_\_  
Credit Card #

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Name as it appears on the card

\_\_\_\_\_  
Cardholder Signature

### VNA Stroll for Hospice Waiver Form

In consideration of being permitted to participate in the Stroll for Hospice, I hereby for myself, my heirs and personal representatives assume any and all risks which might be associated with the event. I further waive, release, discharge and covenant not to sue the Visiting Nurse Association/VNA Hospice of Porter County, its officers, employees, sponsors, organizers, volunteers or other representatives or their successors and assigns, for any and all injuries or damages of any kind whatsoever suffered as a result of taking part in the event and any related activities.

I also agree to the use of any photo, film, or videotape of the event for any purpose.

\_\_\_\_\_  
Signature

(parent's signature if participant is under 18)

\_\_\_\_\_  
Date

I have raised/will raise \$100 or more in donations and want to remember my loved one with a memorial sign.

### I am walking in memory of:

\_\_\_\_\_  
*You will have the opportunity to add a personal touch to your sign on the day of the event (photos, special messages, etc.), and may keep your sign afterward. If you wish to have a sign placed but are not able to attend, please call the VNA at 219-531-8049.*

Please return the following by **April 29th**:  
registration form, signed waiver, registration fee,  
pledges raised.\*

\*You may also register and turn in your pledges on Stroll Day.

I am unable to participate, but would like to make  
a donation to help VNA Hospice \$ \_\_\_\_\_



Mail to: **VNA of NWI**

**501 Marquette St**

**Valparaiso, IN 46383**

[www.vnanwi.org](http://www.vnanwi.org)

**219-462-5195**