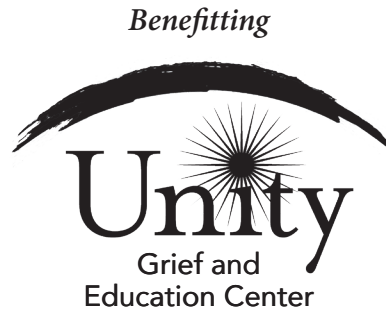


5TH ANNUAL

# Luminary WALK



## Registration Form

Use this form for payment by check only. Registrations by credit/debit card should be made online at [unityhospice.org/luminary-walk](http://unityhospice.org/luminary-walk).

### Fundraising Information

I would like to become a fundraiser and amplify my support of Unity.

By checking this box Unity's Development Manager will contact you with additional information.

### Participant Information and Waiver Acknowledgement

List ALL participants (including yourself). Registration and waiver acknowledgement required for ALL in attendance.

By checking the box, I acknowledge that I have read and agree to the Luminary Walk Waiver and Release of Liability myself and participants under the age of 18 from whom I am a guardian. Participants over the age of 18 have read and agree to the Luminary Walk Waiver and Release of Liability.



Scan for more info and the Waiver and Release of Liability ([unityhospice.org/luminary-walk](http://unityhospice.org/luminary-walk))

### Questions?

Contact the Unity Grief and Education Center at 920-339-6700

### Primary Contact Information

Name \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Address \_\_\_\_\_

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

List All Participant's Names (first & last) (including yourself)	Shirt Size	Age 3 & Under
1. _____	_____	<input type="checkbox"/>
2. _____	_____	<input type="checkbox"/>
3. _____	_____	<input type="checkbox"/>
4. _____	_____	<input type="checkbox"/>
5. _____	_____	<input type="checkbox"/>
6. _____	_____	<input type="checkbox"/>

(Shirt Sizes: Youth XS-XL, Adult S-3XL)

### Registration & Payment Summary

Number of Paid Participants (ages 4+) \_\_\_\_ x \$35 = \$ \_\_\_\_\_

Additional Donation (optional) \$ \_\_\_\_\_

Total Enclosed (check only) \$ \_\_\_\_\_

Make checks payable to: **Unity Hospice**

Registration fee required for age 4 and over.

### Complete this Form and Mail to:

Unity Luminary Walk  
c/o Unity Grief and Education Center  
2079 Lawrence Drive, Suite B  
De Pere, WI 54115

Signature of Primary Contact \_\_\_\_\_