



# Baby Loss and Healing

## Memory Walk 2008

### Registration Form

Which location will you be attending?

Stayton, OR

Fredericktown, OH

Please select one:  Individual  Family/Group (# in group \_\_\_\_\_)

Last Name/Group Name:
First Name
Address
City, State
Zip Code
Phone ( )
Email
Main Contact (if Family/Group Registration)
Baby's Name/Pronunciation ( This information is <b>not</b> required for registration. If baby was not named you may insert family name i.e. Horn Family Baby.)
Date of Loss

#### T-Shirts

**Short Sleeve (\$15 each)**

*Adult Sizes*

*(please enter quantity)*

\_\_\_ S \_\_\_ M \_\_\_ L \_\_\_ XL \$ \_\_\_\_\_

#### T-Shirts

**Long Sleeve (\$20 each)**

*Adult Sizes*

*(please enter quantity)*

\_\_\_ S \_\_\_ M \_\_\_ L \_\_\_ XL \$ \_\_\_\_\_

**Silicone Bracelet (\$5 each)**

*(please enter quantity)*

\_\_\_ S \_\_\_ M \_\_\_ L \$ \_\_\_\_\_

(5 7/8") (7 3/8") (8 3/8")

**DONATION**

\$ \_\_\_\_\_

#### SHIPPING

If you cannot attend the walk but would like to order merchandise we would be happy to ship items to you.

**T-Shirt \$5 each**

**Silicone Bracelet \$1 each** \$ \_\_\_\_\_

**GRAND TOTAL**

\$ \_\_\_\_\_

#### PAYMENT INFORMATION

- Check made payable to Baby Loss and Healing
- Online payment through Amazon Honor System
- Online payment through PayPal

\*If paying online please be sure to reference the Main Contact name and email address with your payment.

WAIYER ~ I hereby release, discharge and covenant not to sue Baby Loss and Healing, it's affiliates, sponsors, volunteers and staff for any injury I may suffer in the Memory Walk. Baby Loss and Healing has my permission to use photographs or video for promotion of the Memory Walk and of BabyLossandHealing.com.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
All family/group member signatures required. Please sign on back.

Please send completed form (and payment if paying by check) to  
**Baby Loss and Healing**  
P.O. Box 237  
Lyons, OR 97358