

A WALK FOR TOMORROW

Hosted by Hackensack High School Student Council
in collaboration with the City of Hackensack and
ICAL (Latin American Culture and Art Institute)

To Benefit Tomorrows Children's Institute at the
Joseph M. Sanzari Children's Hospital at HackensackUMC

Please complete the form and waiver and return with registration fee to:

A Walk for Tomorrow

HackensackUMC Foundation OR
360 Essex Street, Suite 301
Hackensack, NJ 07601

If you are a student or staff member in the
Hackensack School District, you can leave your
form and waiver in a sealed and labeled envelope
in the collection box in the Main Office at your school.

To Register or make a Donation online, go to:

<http://www.hackensackumcfoundation.org/site/Calendar?id=102301&view=Detail>

The deadline for pre-registration is Wednesday, May 8, 2013. Walk-ins will be accepted the day of the event, but t-shirts will not be guaranteed.

WALKATHON REGISTRATION FEE: (Includes T-shirt, while supplies last)

☐ **Students (18 years and under) - \$10** ☐ **Adults (over 18 years) - \$15**

In addition to the fee, we encourage all walkers to increase their fundraising to \$300 by collecting donations in honor of Edward Malin.

PARTICIPANT NAME: _____ **Gender** ☐ M ☐ F **Age:** _____

SELECT ONE: STUDENT/TEACHER/STAFF MEMBER/COMMUNITY MEMBER

SCHOOL NAME: _____ **GRADE:** _____

PARENT/GUARDIAN NAME (if participant is under 18 years of age):

HOME ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

EMAIL ADDRESS: _____ **PHONE NUMBER:** _____

☐ I would like to participate in ***A Walk for Tomorrow*** and have provided payment information below.

☐ I am unable to attend, but I would like to make a donation to ***A Walk for Tomorrow*** in the amount of \$_____.

☐ Enclosed is my check in the amount of \$_____ (Registration fee \$_____ plus donation of \$_____), made payable to HackensackUMC Foundation. Please note ***A Walk for Tomorrow*** in the memo line.

☐ Please charge my credit card. Circle one: VISA/Mastercard/AMEX/Discover

Card Number _____ Expiration Date: _____

Amount: \$ _____ Phone Number: _____

Name on Card: _____ Signature: _____