

The mission of Book for Hope, Inc. is to raise childhood cancer awareness, financially support families with a child actively in cancer treatment in western Kentucky and southern Illinois and donate 32% to childhood cancer research.

Book for Hope®, Inc. is a registered 501 (c) (3) nonprofit charitable childhood cancer organization with an unpaid board of Directors and Officers. You can help make a difference by going to www.bookforhope.org.



McCracken County High School on the track field

It takes 25 people registered to be considered a team and get your team name on the back of the shirts.

## 8<sup>th</sup> Annual Just Imagine® Childhood Cancer Walk Registration Form

Please complete this form and mail to:

## **Book for Hope, Incorporated**

c/o Gaylon Hayden 22 Barrington Circle Paducah, KY 42003

Registrations will also be accepted on-line or on the day of the walk

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Name	
Company/Team Name	
Street Address	_
City State Zip	
Phone E-Mail	
Registration Fee: \$30.00 Children and adult sizes small through XL- A \$2.00 for 2XL or \$3.00 for 3XL or larger  Registration fee will include a free t-shirt  We accept cash, check, or you may register online at www.bookforhope.org. Anyone registering after August 28th, 2022 will receive a t-shirt based on availability.  Walkers = \$	dd
I would like to make an additional donation of \$	
Total amount enclosed \$  T-shirt request:  ADULT: \( \subseteq \subseteq \subseteq \lambda \) \( \subseteq \subseteq \subseteq \lambda \)	
CHILD:	
Payment:  O Enclosed is my check made payable to BOOK FOR HOPE, INCORPORATED	
O Register for a virtual walk O Register a team & name	
You can choose to attend the childhood cancer walk or register to do a virt walk. Also, we can put your team's name on your t-shirts if you have 25 or more on your team. Please comment on the form or when you register onli what team you are walking on. Our walk will be 4 miles this year – virtual in person. Only Book for Hope team shirts will be accepted into the walk.	ne
☐ PLEASE CONTACT ME TO VOLUTEER THE DAY OF THE WALK.	
Waiver: In consideration of me and or my minor child being permitted to participate in the Just Imagine Childhood Cancer Walk/Virtual, I hereby for myself, my heirs, and personal representatives-assume any all risks, which might be associated with the event. I further waive, release, discharge and covenant not to Book for Hope, Inc., its officers, directors, sponsors, organizers, volunteers or other representatives or th successors and assigns, for any and all injuries or damages of any kind whatsoever suffered by myself and my minor child as a result in taking part in the events	and sue eir

I also authorize the use by the Just Imagine® Walk Book for Hope, Inc. of any photo, film, or videotape taken

Date

of me or my minor child/family at the event or virtual for any purpose.

Signature