



9th annual

STROLL FOR HOSPICE



Sunday,
April 25, 2010

Registration: Noon
Stroll Begins: 1 PM

To benefit the
Visiting Nurse Association
Home Hospice Program
and the Arthur B. and Ethel V. Horton
VNA Hospice Center

Visiting Nurse Association
VNA Hospice
2401 Valley Drive
Valparaiso, IN 46383

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.

Date_____

Signature_____

(parent's signature if participant is under 18)



Stroll for Hospice
T-Shirts
\$15.00

T-shirts are guaranteed with pre-registration by April 11th. Additional shirts may be available on the day of event.

Please indicate size and quantity you would like on the registration form. Youth t-shirts will only be available on the day of the event.

Non-Profit Org.
US Postage
PAID
Valparaiso, IN 46383
Permit No. 423

**STROLL FOR HOSPICE
REGISTRATION**

Name _____

Address _____

City _____ State _____ Zip _____

Phone Number _____

Email Address _____

Individual Registration

_____ \$10 registration fee (no fee if under 18 yrs of age)

Team Registration

(please send team registrations together)

_____ \$50 registration fee (for a team of 6 or more)

Team Name _____

Team Captain _____

Total

Registration Fee (individual or team) \$ _____

T-Shirts _____ @ \$15 each \$ _____

(please mark "adult" size below)

_____ M _____ L _____ XL _____ 2XL

TOTAL DUE \$ _____

Check Enclosed (payable to VNA Foundation)

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

Credit Card #

Expiration Date

Cardholder Signature

Name as it appears on the card

**I am unable to participate this year, but would like
to make a donation to help support
VNA Hospice \$ _____**

Please join us for the 9th annual
Stroll for Hospice



Sunday, April 25, 2010

Registration: Noon

Stroll begins: 1 PM

food & celebration to follow

Location:

Visiting Nurse Association
2401 Valley Drive Valparaiso, IN

Strollers, wagons and
well-behaved pets welcome!
You may also want to bring a
chair or blanket for the barbeque.

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Hospice is a way
of caring that brings comfort to
persons living with a terminal illness
and gives support to them as well
as to their families.



For more information
call (219) 462-5195
www.VNAportercounty.org



You may collect pledges or
donations from generous donors
in support of the VNA Hospice
program.

Register online & create your
own personalized
online fundraising page at
**[www.firstgiving.com/
vnportercounty](http://www.firstgiving.com/vnportercounty)**

Awards will be given to the top
dollar fundraiser and top number
of sponsors fundraiser in both the
Individual and *Team* categories.
Make sure not to miss out on this
exciting competition!



Please complete the attached
form; be sure to sign waiver on
reverse and mail registration
and fees to:

Visiting Nurse Association
2401 Valley Drive
Valparaiso, IN 46383

Please register by April 11th
Thank you!

