

# Registration Form

Please complete **one registration form per team** and return it to the office no later than **Friday, August 17, 2018**. You can either bring the form to the office located on Main Street in Chapmanville WV, mail it to: Dignity Hospice, Attn: Rebecca Perry PO Box 4304 Chapmanville, WV 25508 or fax it to the office at 304-855-7404, Attn: Rebecca Perry .  
**\*\*PLEASE REMEMBER THIS INFORMATION IS TIME SENSITIVE\*\***

Name of Team: \_\_\_\_\_ Contact person: \_\_\_\_\_

Address of contact person: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Walking in Memory of: \_\_\_\_\_

*Please notate if you will need an adult or youth size in the shirt. (Example: Adult M)*

Name of Walker: \_\_\_\_\_ T-Shirt size \_\_\_\_\_

Name of Walker: \_\_\_\_\_ T-Shirt size \_\_\_\_\_

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**Note: Shirt sizes are not guaranteed but we will do our best in getting the appropriate size.**