

# Walk Hope Survive 2016 – The Hope of Survivors 5K Walk

August 27-September 3, 2016 – Wherever You Are  
**Registration Form**

One registration form is required per participant.  
***You must be 18 years or older to participate.***

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender \_\_\_\_\_

If walking with a team, please give the name of your THOS walker (person whose team you're joining)

Name of THOS Walker \_\_\_\_\_

**Please register by August 1 in order to receive your bracelets on time for the walk.**

Rubber bracelets will be provided to all pre-registered walkers.  
Those registering on day of walk will receive bracelets on a first-come first-served basis.

Send your completed forms (Registration and Waiver) to:

The Hope of Survivors – Walk Hope Survive 2016  
520 Seneca Creek Road  
West Seneca, NY 14224

or

Fill out, scan and email to:  
[mj@thehopeofsurvivors.com](mailto:mj@thehopeofsurvivors.com)

**Thank you so much for your participation!**