



Memories That Move Us

# Annual Memories Walk

to benefit The Children's Room

Sunday, October 3, 2010 • Arlington Town Hall • 1:00 PM

3  
Miles!

## REGISTRATION:

Please use a separate form for each participant.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Other Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

\$20 for adults  \$10 for children 13 and under  
Payment accepted in the form of check, cash or credit card. (Visa, American Express or MasterCard)

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Charge Amount: \_\_\_\_\_

## T-SHIRT:

Child:  
Small Medium Large

Adult:  
Small Medium Large XL XXL

Registration must be received by 9/22/10 to guarantee t-shirt.

If you would like to include the name of a person for whom you walk in memory of, registration must be received at The Children's Room by 9/22/10.

I walk in memory of \_\_\_\_\_

## HONOR WALK CELEBRATE

**The Children's Room** is the largest non-profit organization in Massachusetts serving grieving children, teens & families. The Memories Walk is our largest community fund-raiser and your support helps keep our essential programs in place.

**100% of donations** received from the Memories Walk go directly toward funding our programs. We encourage participants to register on-line and establish personalized fund-raising pages at [firstgiving.com/childrensroom](http://firstgiving.com/childrensroom).

## WAIVER/RELEASE:

I hereby certify the following:

1. I am physically fit and have received medical clearance to participate in the Annual Memories Walk.
2. In consideration for my application to participate in the Annual Memories Walk being accepted, I on behalf of myself, my heirs and assigns, and my estate, hereby waive and forever discharge the sponsors, organizers, affiliates, as well as their agents and employees from any and all claims that may accrue as a result of my participation.
3. I give permission for the Children's Room to use any images taken at this event on its web site or in other materials, as is appropriate.

\_\_\_\_\_  
SIGNATURE OF PARTICIPANT DATE

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN IF UNDER 18. DATE

## ABOUT THE CHILDREN'S ROOM

The mission of The Children's Room is to help grieving children, teens and families in our communities to go on living and loving fully.

We accomplish our mission and vision by offering a safe and supportive environment for the expression of grief.

Families from more than 75 communities participate in our programs. At The Children's Room, children, teens and adults can tell their story, express their feelings, and receive support from understanding peers, bereavement staff, and professionally trained volunteers.

In addition to offering groups, The Children's Room supports communities by educating the public about grief through workshops, trainings and consultation services.

Donate  
in memory  
or honor  
of a loved one.

CARING SUPPORT FOR GRIEVING CHILDREN, TEENS, AND FAMILIES

1210 Massachusetts Avenue • Arlington, MA 02476 • 781-641-4741 • [childrensroom.org](http://childrensroom.org)