



Walk to Remember — Saturday, May 7, 2016

Join us in remembering your loved ones by participating in our Annual Walk to Remember around Rice Lake in Maple Grove. The walk begins at the Angel of Hope located at the Maple Grove Arboretum — 9400 Fernbrook Lane.

Registration and Check in: 9:00 a.m. Remembrance Gathering: 10:00 a.m. Walk Begins: 10:30 a.m.

This will be a 4.5 mile walk around Rice Lake; photo remembrance signs will be displayed along the path; reading of the names of those who are being remembered; and kid's craft activities. Preregistered participants will receive a T-shirt and a boxed lunch.

Questions: email to friendsofangel@comcast.net or visit www.friendsoftheangel.org

Deadline for preregistration: **Saturday, April 16, 2016. Same day registrants will not be guaranteed a T-shirt and/or lunch.**

Walk is limited to 350 participants, so early registration is encouraged. Please leave pets at home.

To sponsor and order a **personalized remembrance sign** for your loved one, download the form from our website www.friendsoftheangel.org

Registration Form

Name _____	Name _____	Advanced Registration Fee: Deadline April 16 Adult--\$20 Child--\$10 (11 years & under)
Address _____	Address _____	Day of Registration Fee: Adult--\$25 Child--\$15 (11 years & under)
City _____	City _____	Please read my loved one's name as below: _____
State _____ Zip _____	State _____ Zip _____	Make checks payable to: Friends of the Angel
Phone _____	Phone _____	Mail this completed form and check to: Friends of the Angel – WTR 2016 P.O. Box 485 Maple Grove, MN 55369
E-mail _____	E-mail _____	I am including payment for _____ personalized remembrance sign(s).
Shirt Size Preference: Adult: S M L XL XXL Youth: S M L	Shirt Size Preference: Adult: S M L XL XXL Youth: S M L	
Boxed Lunch Preference: Deli Veggie Kid's	Boxed Lunch Preference: Deli Veggie Kid's	

Name _____	Name _____	In consideration of the entry being accepted, I/we hereby, for myself, heirs, executors and administrators release and discharge the City of Maple Grove, Maple Grove Hospital, Friends of the Angel and any other official sponsors from any liability in case of any injury or worse received as a result of my participation in the Walk to Remember or as a result of traveling to or from the walk. I/we further state that I am/we are in proper physical condition to participate in this walk.
Address _____	Address _____	
City _____	City _____	
State _____ Zip _____	State _____ Zip _____	
Phone _____	Phone _____	
E-mail _____	E-mail _____	
Shirt Size Preference: Adult: S M L XL XXL Youth: S M L	Shirt Size Preference: Adult: S M L XL XXL Youth: S M L	Signature: _____
Boxed Lunch Preference: Deli Veggie Kid's	Boxed Lunch Preference: Deli Veggie Kid's	Date: _____
		_____/I/We give permission to the Friends of the Angel to use my/our pictures on their website and/or Facebook page.
		Friends of the Angel of Maple Grove is a Non Profit IRS § 501(c) 3 organization.