



Hospice
MIAMI

Registration

Participant Information

Name _____

Address _____

Phone Number _____ Email _____

Memorial Walk Candle – \$5 Each

First Name (PLEASE PRINT)	Last Name (PLEASE PRINT)	Veteran	Quantity
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	

Total _____ x \$5

Memorial T-shirt – \$12 Each (2XL and 3XL \$14 Each)

YOUTH SIZES

ADULT SIZES

	Small	Medium	Large	Small	Medium	Large	X-Large	2X-Large	3X-Large
Navy									
Gray									

Pre-orders Due April 3

Limited sizes available at the event

T-Shirt Total:

Hospice Donation

Donations:

TOTAL AMOUNT:



Please send registration form and payment (if applicable) to
 INTEGRIS Hospice Miami, Attn: Memorial Walk
 115 S. Main, Miami, OK 74354
 Please make checks payable to INTEGRIS Hospice Miami Fund
 For questions, please call 918-542-1226.

