

EVENT DETAILS

Come celebrate life and remember a loved one. Share stories, make friends, create special memories and make a difference in someone else's life.

WHO ARE YOU WALKING OR WALKING FOR?

- Sign up as an individual, or as a team!

PRIZES FOR:

- **HIGHEST PLEDGE EARNER**

Team, Individual and 12 & Under

- **MOST ENTHUSIASTIC**

Team and Individual

- **5 KM TIMED RUN 1ST, 2ND, 3RD PLACE FASTEST TIME**

3K Walk Adult	\$35
3K Walk Kids 7-17	\$10
3k Walk Family	\$75 - two adults, two children
5K Run Adults	\$45 pre-registration
3K Walk Kids 7-17	\$10
5K Run Kids	\$25 /Family of Four \$100
Kids 6 and Under	Free



Date: April 1 - June 13, 2020

Location: Virtual Event

Closing Ceremonies: June 13th online - details to be announced

For more information or to register online, please visit: Kemphospice.org

VIRTUAL HIKE FOR HOSPICE
APRIL 1 - JUNE 13

ABOUT US

WE OFFER SUPPORT AND CARE AT NO COST for individuals (children and adults) with life limiting illnesses and their families through our Volunteer Visiting, Day Wellness, Grief and Bereavement programs, individual counselling, Camp Keaton and our Residential Hospice (18+).

WAYS TO BE INVLOVED

- Register yourself or a team
- Purchase a video montage
- Become a Sponsor (See below)

VIDEO MONTAGE OF YOUR LOVED ONE - \$50

Story and Photos created into a video

Call 905 387-2448 ext. 2211 Before May 27th to Order

LEVEL OF SPONSORSHIP	VALUE
Title Sponsor	TEAMM FOUNDATION
Activity Sponsor	\$1000
Give away sponsor	\$750
Memory Wall	\$500
Virtual Company Sponsor	\$200

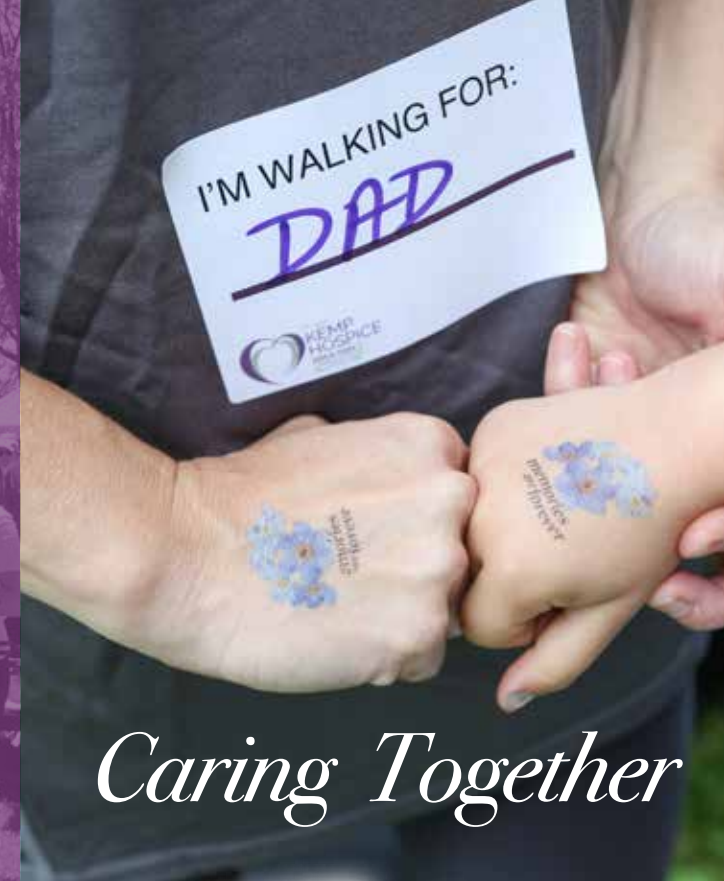
THANK YOU TO OUR SPONSORS AND PARTICIPANTS!

BECAUSE OF YOU WE ARE ABLE TO HELP THE NEXT FAMILY.



Dr. Bob Kemp Hospice

277 Stone Church Road East, Hamilton, ON, L9B 1B1
Tel: 905.387.2448 ext. 2211 | www.kemphospice.org
Charitable #134922392RR0001



Caring Together

VIRTUAL HIKE FOR HOSPICE
APRIL 1 - JUNE 13



IN SUPPORT OF



KEMP HOSPICE
OVER 25 YEARS OF COMPASSIONATE PALLIATIVE CARE

JOIN US!

REGISTRATION FEES:

Please note there is a registration fee.

**You will not be issued a tax receipt
for your registration fee.**

Refer to registration fee on back
All youth 6 and under are free.

EVENT RELEASE:

Team Name (If applicable): _____

Participant Name: _____

Age: _____ Sex: _____

Address: _____

City: _____

Postal Code: _____

Telephone: () _____

Email: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: () _____

ATHLETE'S WAIVER & RELEASE:

In consideration of the acceptance of this entry for the Dr. Bob Kemp Hospice's Hike for Hospice, I, for myself, my heirs, executors, administrators and assigns, waive any claim to which I may become entitled for injury or damage and release the Dr. Bob Kemp Hospice and all other organizers, sponsors, representatives, their agents and employees and any other person or organization assisting in this event from any claims for damages or injury suffered by me as a result of my participation in or traveling to or from this event. I further state that I am in proper physical condition to participate in this event and am aware that participation could, in some circumstances, result in physical injury. I also give my permission for the free use of my name and picture in broadcast, telecast or written account of this event.

Signature of Participant/Parent or Guardian _____ Date _____

Or register online at: www.kemphospice.org/events/hike-for-hospice

FUNDRAISING TIPS

- Share on your social media, email to friends and ask them to share it too
- Don't be afraid to ask! Tell people what you are doing and what it is for and most people will be more than willing to support you.
- Get your biggest sponsors on side first - it will encourage subsequent supporters to increase their support!
- If possible, ask people to pay you as they pledge their sponsorship. This will save you time and hassle following the event.



VIDEO MONTAGE - \$50

story and photos of your loved one
Call 905 387-2448 ext. 2211 by May 27th

**VIRTUAL
HIKE FOR
HOSPICE
APRIL 1 - JUNE 13**

Please print full name and address.

Tax receipts will be issued for donations of \$20 or more (Excluding Registration Fees), however a full address including postal code is required.

WALKER NAME: _____ TEAM NAME (IF APPLICABLE) _____ AGE: _____

NAME	STREET ADDRESS	CITY	POSTAL CODE	PLEDGE	PAID Y/N	CASH/CHO
TOTAL \$						