REGISTRATION FORM

Please print information and mail form and $25.00 entry fee by 9/11/09 to:

MatchMakers of Hope
PO Box 825
Quincy, IL 62301

Please make checks payable to: *Rotary Foundation of Quincy*

Last Name: _____

First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

- I am a blood cancer survivor
- I am interested in more information on becoming a Bone Marrow Donor
- I will raise more than $50. Please reserve a shirt for me.

September 26, 2009

5:30 to 9:00 p.m.
Walk Begins at 7:00 p.m.
Washington Park, Quincy, IL

I understand and agree that I am voluntarily participating in the MatchMakers of Hope Walk, through the Rotary Club of Quincy, at my own risk and my own request. I also give permission for the free use of my name, picture and voice in any broadcast, telecast, print account or any other account in any medium of this event. I understand that bicycle, inline skates, skateboards and scooters are not permitted.

Registrant's Signature: _____ Date: _____
*If under 18 years of age, signature of participant's parent or guardian is required.

MatchMakers of Hope

Donation Form

Get your family, friends, and employers to give too!

All donations are due by the day of the walk, **Saturday, September 26, 2009**

Sponsor Name	Address	Phone	Amount

The Rotary Club of Quincy and the Leukemia and Lymphoma Society thank you for your support.