

Sienna's Walk

Saturday April 14, 2018 at 9am to 2pm
Our Lady of the Assumption Catholic Church



8:30am Check-in/Registration

**9:00am Kickoff with guest speaker,
Butterfly Release and reading
of Angel Baby names**

9:30am Walk Begins

EARLY REGISTRATION FEE:

All registered by April 4th will receive a t-shirt.

\$25 Adults

\$15 Children 12 and under

ALL LATE REGISTRATIONS

\$30 after April 5th

Shirts can be purchased for late registrants.

Entry fee must accompany entry form and is non-refundable. Walk happens rain or shine.

Please complete one registration form per person or complete online at www.siennaswings.com

If you would like to have your Angel Baby's name read during the Kickoff please email or write down their name below.

Sienna's Walk will include the following community organizations:

Jessica's House, Angel Gowns,

Doctors Medical Center,

Turlock Pregnancy Centers and many more!!!!

Several Vendors will be present and there will be a raffle prizes!!!

We encourage everyone to wear purple in the memory of all angel babies!

For more information, contact Elizabeth Severson at siennasangelmommy@yahoo.com

Make Checks payable to: Our Lady of the Assumption MEMO: Sienna's Walk

Mail to: Our Lady of the Assumption Attn: Sienna's Walk P.O.Box 2030 Turlock, CA 95381

PLEASE PRINT

Name: _____

Gender: M F Age: _____

Address: _____

T-shirts size:

City: _____ State: _____ Zip: _____

Youth Size: S M L XL

Email: _____

Adult Size: S M L XL XXL

Name of Angel Baby: _____

Liability Waiver:

(The following must be signed in order to enter the race)

By signing this form, I acknowledge that the information I provided is accurate to the best of my knowledge. I agree to waive and relinquish all claims that I may have for injuries or damages as a result of participating in Sienna's Walk both pre and post race activities and its management team/ volunteers. I also grant Sienna's Walk the right to use any images of me taken at the race.

Signed: _____ Date: _____

(If you are under 18 years old, your parents/legal guardian must sign this form)

Organization Use ONLY

Date Received: _____

Adult Child

Amount Pd.: _____

Check #: _____