

Presented by the Crawford County Suicide Prevention Coalition

### WHEN:

September 9<sup>th</sup> at 9:30am

#### WHERE:

Bucyrus – Avita Hospital

### **REGISTRATION:**

\$25 Walk + Shirt \$15 Walk Only

#### **REGISTRATION DEADLINE:** August 25<sup>th</sup>

### **QUESTIONS?**

Contact Crawford-Marion ADAMH Board at 419-567-7288

#### OR REGISTER ONLINE HERE: bit.ly/crawfordwalk

## 2023 ANNUAL WALK FOR SUICIDE PREVENTION

Taking steps together to end suicide in Crawford County

Please join us for the Annual Walk for Suicide Prevention in Crawford County. This year the walk will be held in Bucyrus at Avita Hospital.

#### **INSTRUCTIONS:**

- 1. <u>Demographics.</u> Provide your name, address, phone number and email. A valid email address is suggested.
- **2.** <u>Location.</u> The walk will begin at Avita Hospital and end at Schines Art Park.
- <u>Money/checks.</u> All registration forms, money, and checks need to be sent to 151 Campbell Street Marion, Ohio 43302. Please make ALL CHECKS out to MCPP or Marion Crawford County Prevention Programs or register online.
- 4. <u>Registration Deadline.</u> Each member of a team must register by August 25. Please note: no shirts will be ordered for registrations received after the registration deadline. **Donations are tax** deductible.
- 5. <u>Check-in.</u> Check-in the day of the walk between 8:30am-9:30am. All shirt orders will be distributed during the check-in process.

CONTACT INFORMATION							
NAME:							
ADDRESS:							
CITY:	STA	TE:			ZIP:		
PHONE:							
EMAIL:							
T-SHIRT SIZE (Please Circle) :							
S	Μ	L	XL	2XL	3XL		

In consideration of your acceptance of this entry, I hereby for myself, my heirs, executors and administrators waive all rights for claims and damages I might have against the event management, walk director and all related parties for any and all injury and damage resulting from participating in the above event. I am in proper physical condition to participate in this event.

Signature (Parent/ Guardian if under 18) Date



**Prevention Coalition** 

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# SPONSORSHIP DETAILS

- All sponsors get their name on the shirt.
- Sponsorship can be monetary or in-kind (of \$50 in value or more).

• All sponsor forms must be submitted by the August 25 registration deadline to be listed on the back of the t-shirt.

• **Sponsorship does not include walk registration fees** (Registrations must be submitted separately to participate in the walk.)

Please complete the form and send it with a check made payable to Marion-Crawford Prevention Program and mail to:

Marion-Crawford Prevention Programs | 151 Campbell Street, Marion, OH 43302

\*Tax deductible donation checks made to: Marion-Crawford Prevention Programs

SPONSORSHIP INFORMATION						
NAME:						
ADDRESS:						
CITY:	STATE:	ZIP:				
PHONE:						
EMAIL:						

NAME AS YOU'D LIKE IT TO APPEAR ON THE SHIRT:

INDIVIDUAL OR TEAM YOU ARE SPONSORING: