



**H.E.R.O.I.N.  
HURTS**

"Helping everyone  
one person at  
a time"

**H.E.R.O.I.N. HURTS, INC.  
WALK FOR RECOVERY & TREATMENT**

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**Date:** September 12, 2009

**Walker Check-In Time:** 9:00 a.m.

**Official Walk Start Time:** 10:00 a.m.

**Place:** Battery Park, New Castle, Delaware

**Distance:** 2 Miles (+ or -)

**Registration Fee:** \$15.00

**Information Tables:** \$5.00 (tables & chairs not supplied)

**Checks Payable To:** H.E.R.O.I.N. HURTS, Inc.  
P.O. Box 96, Middletown, DE 19709

**\* Registration Form Must be returned by September 1, 2009 \***  
(detach here)

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(Please Print)

**Walker:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_

**Table Space:**

Organization: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

In consideration of this entry being accepted, I, intending to be legally bound, hereby for myself, my heirs, executors, administrators, waive and release any and all rights I may have against the organization holding this event, its agents, representatives, successors and assigns for any and all injuries suffered by me at this walk.

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**PLEDGE SHEET**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

(This pledge sheet may be copied for additional pledges)

<b>Name (please print)</b>	<b>Home Phone</b>	<b>Amount Pledged</b>	<b>Paid Yes/No</b>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____
11. _____	_____	_____	_____
12. _____	_____	_____	_____
13. _____	_____	_____	_____
14. _____	_____	_____	_____
15. _____	_____	_____	_____

**FOR MORE INFORMATION CALL MARY WICKS AT (302) 653-6448 or e-mail  
rpmflowers@msn.com**