

Bagels, doughnuts & juice available at start time.
Light lunch available 10:30-12:00 pm



Schedule of Events

8:00 am - Warm Up
8:30 am - Official Start
10:00 am - Registration Closed



You Can Help: Center for Infant & Child Loss

Each year, countless Maryland families are dramatically affected by the sudden loss of an infant or child. The Center for Infant & Child Loss supports these families as they grieve and heal. In addition, the Center conducts community based training to promote risk reduction strategies, best child care practices, and to expand the knowledge of infant and child deaths. Research funds are granted to projects that explore SIDS and other child deaths.

The funds raised at the Annual SIDS & Child Loss Walk/Run support vital information and counseling services for Maryland's bereaved families.

Fun For The Whole Family!

Visit our website to register online:
www.infantandchildloss.org



Directions: Quiet Waters Park

600 Quiet Waters Park Road ~ Annapolis, MD 21403
Phone: 410-222-1777 ~ Fax: 410-222-1545

From Route 50 take Exit 22 - Rt. 665 (Aris T. Allen Blvd.) which will merge with Forest Drive. Follow Forest Drive for 2 miles. Turn right onto Hillsmere Drive (at Exxon Station). Go about 100 yards to park entrance. At the guard booth, state that you are here for the SIDS Walk in the Sassafras Pavilion and there will be no charge.



ANNUAL WALK/RUN FOR SIDS & CHILD LOSS

Saturday, May 7, 2011
8am - 12pm


Quiet Waters Park
Annapolis, Maryland
1, 3 or 7 Mile Walk/Run

Rain or Shine

Roller blades, bikes, strollers,
and pets are welcome!

For more information call:

1-800-808-SIDS


Walk/Run For SIDS & Child Loss
University of Maryland School of Medicine
110 S. Paca Street, 6th Floor, Suite 300
Baltimore, Maryland 21201

Center for Infant & Child Loss


Center for Infant & Child Loss
 University of Maryland School of Medicine




13th Annual

WALK/RUN FOR SIDS & CHILD LOSS

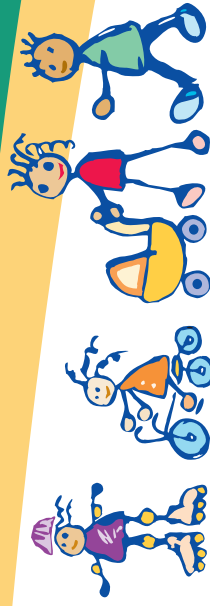
Saturday, May 7, 2011 / 8am - 12pm
Quiet Waters Park, Annapolis, Maryland
1, 3 or 7 Mile Walk/Run/Rollerblade



In Memory of

Joanna Adele Beans

13th ANNUAL WALK/RUN FOR SIDS & CHILD LOSS PLEDGE FORM

Official Start Time: 8:30 am



WALKER INFORMATION (All information must be complete.)

Name of Walker _____
 Team Name or Company _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ E-mail _____

THERE IS NO MINIMUM TO RAISE, BUT LOOK HOW EASY IT IS TO COLLECT \$200 IN 10 DAYS!

Put in your own \$20.....\$20 Ask a neighbor for \$20.....\$120
 Ask your spouse/roommate for \$20.....\$40 Ask two people from church/temple for \$10\$140
 Ask a co-worker for \$20.....\$60 Ask your boss for \$20.....\$160
 Ask a friend for \$20.....\$80 Ask another friend for \$20.....\$180
 Ask a relative for \$20.....\$100 Ask two members of your club for \$10.....\$200!

Sponsors Name	Mailing Address	City, State, Zip	Donation
Joan Smith	123 Mulberry Street	Anytown, MD 00000	\$200
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
11.	_____	_____	_____
12.	_____	_____	_____
13.	_____	_____	_____
14.	_____	_____	_____

MATCHING GIFTS Does your employer have a matching gifts program? Yes No

If Yes, Name of Employer _____
 Matching Gifts Contact Person _____ Phone _____
 Employer Address _____

THE FINE PRINT

I hereby waive all claims against the UMB Foundation and all event sponsors and personnel for any injury that may occur to me. I attest that I am physically healthy and can participate in this event. I grant permission to the UMB Foundation to print photographs of me.

Signature _____ Date _____

Please make checks payable to: UMB Foundation Inc.

All walkers are encouraged to collect their sponsor's donations in advance.

Center for Infant & Child Loss

110 S. Paca Street, 6th Floor, Suite 300, Baltimore, MD 21201

Funds are administered by the University of Maryland Baltimore Foundation, Inc.

▶ Register online at www.infantandchildloss.org ◀

TOTAL AMOUNT COLLECTED

\$

Please consolidate cash into large bills or checks. Do not mail cash.

REGISTRATION FORM

TEAR AT PERF AND RETURN

Last Name _____ First Name _____
 Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ E-Mail _____

For Team Participants Only: Team Name: _____ Team Captain: _____

Tee Shirt Size & quantity Adults: _____ M _____ L _____ XL _____ 2XL _____ Youth Large: _____

Registration Fee: Adults \$15.00 / Children 12 & under \$5.00 / Children in strollers free. (Checks Made Payable to UMB Foundation Inc.)

I am unable to participate but would like to make a donation to the Center for Infant & Child Loss of \$ _____

REGISTRATION MUST BE RECEIVED & PAID BY APRIL 16, 2011 TO GUARANTEE A WALK TEE SHIRT.

Payment Information: Check Credit Card Payment (Please check one) Visa Master Card American Express

Name on Credit Card: _____ Phone: _____

Billing Address: _____

Card Number: _____ Exp. _____ Signature: _____