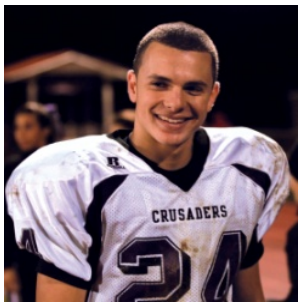
Registration Form



5th Annual *Walk for Justin*

Suicide Prevention and Awareness Walk

June 18, 2016– 10:30 a.m. START

Monroe-Woodbury High School Track

Registration on Day of Event is from 8:45 a.m. to 9:30 a.m.

Teenage suicide has impacted our community. On June 18, 2016 we will hold our Fifth Annual WALK in ***Memory of Justin Dimino*** - who was just 16 yrs old when he died in January, 2011, by suicide. Justin was a loving and spirited son and brother, a member of the Varsity Football Team, had many friends at MWHS and a valued member of the community. The WALK in his Memory is to create awareness and prevention of suicide.

American Foundation for Suicide Prevention reports from Center for Disease Control & Prevention Data for 2014:

- An average of one person dies by suicide every 12.8 minutes
- Suicide is the 4th leading cause of death for 15- to 24-year-old Americans
- Suicide takes the lives of over 42,700 Americans every year

Pre-Register by completing this form and mailing to address below.

***One entry per registrant: Checks payable to CFOS*-JTD Memorial Scholarship Fund**

Mail to: Camille Stack, P. O. Box 252, Monroe NY 10949 – (for further information: camstack@yahoo.com)

How you can help:

____ **Walker**- Yes, I will walk with you on June 18th

Student **$20.00** ❑ (cash/check) w free Tshirt (while sizes last) M L XL

Adult **$25.00** ❑ (cash/check)w free Tshirt (while sizes last) M L XL

No fee for children 12 and under.

____ **Donor**- I am unable to participate, but would like to donate $ _____

(credit card use for **donation only**, go to www.cfoc-ny.org – and designate to: *Justin T. Dimino Memorial Scholarship Fund*)

____ **Sponsor**- I would like to be a Sponsor for this Event. Information on **SPONSORSHIP LEVELS** listed on reverse side of this form.

Name: _____

Address: _____

Phone: _____ email: _____

T Shirts: Free w paid registration (see above) - 100% of T Shirt sales goes directly to the Scholarship Fund

T-shirt Size: *circle one* ***Adult***- *M L XL*

Waiver must be signed:

I understand that I am voluntarily participating in the ***WALK FOR JUSTIN*** at my own risk and my own request. I hereby waive all claims against the MONROE-WOODBURY CENTRAL SCHOOL DISTRICT and COMMUNITY FOUNDATION OF ORANGE AND SULLIVAN, their affiliates, officers, directors, volunteers and employees, and all sponsors, or any event personnel, paid or volunteer, for any injury that I might suffer in this event.

Signature Date Parent/Guardian if under 18 Emergency Contact

Registration form must be received by June 10TH, or register day of *Event*.

All proceeds to benefit *The Justin T. Dimino Memorial Scholarship Fund* – a component fund of Community Foundation of Orange and Sullivan www.cfosny.org. The Justin T. Dimino Memorial Scholarship is awarded to a graduating student of Monroe-Woodbury High School and a graduating student of Sacred Heart School, Monroe, NY

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SPONSORSHIP FORM

This form is to be completed and returned by **June 8, 2016**

Make money order or checks payable to: ***CFOS*-JTD Memorial Scholarship Fund,**

Mail to: Camille Stack, P. O. Box 252, Monroe NY 10949

Questions?

camstack@yahoo.com

Sponsor Level	Donation Amount
Bronze: • **Name Displayed on Walk Day** • **2 Free Walkers**	**$100**
Silver • **Name Displayed on Walk Day** • **2 Free Walkers** • **Name Listed on T-Shirt**	**$250**
Gold • **Name Displayed on Walk Day** • **4 Free Walkers** • **Name Listed on T-shirt** • **Name Listed on printed material**	**$500+**
Platinum – Major Sponsor • **Name Displayed on Walk Day** • **6 Free Walkers** • **Name Listed on T-shirt** • **Name Listed on printed material**	**$1,000**

American Foundation for Suicide Prevention (CDC) facts…..

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All proceeds to benefit *The Justin T. Dimino Memorial Scholarship Fund* – a component fund of Community Foundation of Orange and Sullivan www.cfosny.org. **The Justin T. Dimino Memorial Scholarship** awarded annually to a graduating student of **Monroe-Woodbury High School**, and a graduating student of **Sacred Heart School**, Monroe, NY

*Company Name:*_____

Contact Person: _____ *Contact Phone :* _____

*Contact Email:*_____

Address: _____

State: _____ *Zip:* _____ *Fax Number:* _____

If you are unable to be a SPONSOR, but would like to make a DONATION and use a credit card, visit: www.cfosny.org – and designate your donation to: *Justin T. Dimino Memorial Scholarship Fund.*