



Presented by the
Crawford County
Suicide Prevention
Coalition

WHEN:

September 12th
at 9:30am

Wash Out/ Rain Date:
September 19th

WHERE:

Bucyrus – Avita Hospital
to Shines Art Park

REGISTRATION:

\$25 Walk + Shirt
\$15 Walk Only

REGISTRATION DEADLINE:

August 28th

REGISTERING BY QR CODE:



QUESTIONS?

Contact Crawford-Marion
ADAMH Board at
419-562-7288



2026 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 to Schines Art Park.

INSTRUCTIONS:

1. **Demographics.** Provide your name, address, phone number and email. **A valid email address is suggested.**
2. **Location.** The walk will begin at Avita Hospital and end at Schines Art Park.
3. **Money/checks.** All registration forms, money, and checks need to be sent to **254 E Mansfield St, Bucyrus, OH 44820**. Please **make all checks payable to Projects, Inc. and include "Crawford County SPC" in the memo line.**
4. **Registration Deadline.** Each member of a team must register by **August 28th**. Please note: no shirts will be ordered for registrations received after the registration deadline. Walk-ins are welcome on the day of the walk, but shirts are available by pre-order only. **Donations are tax deductible.**
5. **Check-in.** Check-in the day of the walk between **8:30am-9:30am**. All shirt orders will be distributed during the check-in process.

** Projects, Inc. is a 501(c)(3) non-profit support organization of The Community Foundation for Crawford County, dedicated to turning community-driven ideas into impactful local projects.*

CONTACT INFORMATION

NAME:

ADDRESS:

CITY:

STATE:

ZIP:

PHONE:

EMAIL:

T-SHIRT SIZE (Please Circle) :

S M L XL 2XL 3XL

MEMORIAL BUTTERFLY RELEASE (NEW THIS YEAR — NO COST!)

Join us for this family-friendly butterfly release ceremony to honor and remember your loved one. Please note that your loved one's name will be read aloud during the program.

Would you like to participate? YES / NO

Loved One's Name: First: _____ Last: _____

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



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SPONSORSHIP DETAILS

- All sponsors get their name on the Crawford County Suicide Prevention banner. This banner will be displayed throughout the year in prominent locations around Crawford County
- Sponsorship can be monetary or in-kind (of \$50 in value or more).
- **All sponsor forms must be submitted by the August 28th registration deadline** to be listed on the banner.
- **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 Projects, Inc. and include “Crawford County SPC” in the memo line.: 254 E Mansfield St, Bucyrus, OH 44820.

Tax deductible donation checks made to: Projects, Inc. and include “Crawford County SPC” in the memo line.

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SPONSORSHIP INFORMATION

NAME:

ADDRESS:

CITY:

STATE:

ZIP:

PHONE:

EMAIL:

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