



Presented by the  
Crawford County Suicide  
Prevention Coalition

## WHEN:

September 18<sup>th</sup>  
at 9:30am

## WHERE:

- Bucyrus – Avita Hospital
- Galion – United Church of Christ
- Crestline – Behind the Police/Fire Station

## REGISTRATION:

\$25 Walk + Shirt  
\$15 Walk Only

## REGISTRATION DEADLINE:

September 3<sup>rd</sup>

## QUESTIONS?

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

## OR REGISTER ONLINE HERE:

<https://donorbox.org/crawford-suicide-prevention-walk>

# 2021 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 three locations simultaneously.

## INSTRUCTIONS:

1. **Demographics.** Provide your name, address, phone number and email. **A valid email address is suggested.** Instructions regarding walking route will be sent to your email or postal mail.
2. **Location.** The walk will be held in Bucyrus, Galion, and Crestline. Please circle which location you will be attending.
3. **Money/checks.** 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.**
4. **Registration Deadline.** Each member of a team must register by **September 3.** Please note: no shirts will be ordered for registrations received after the registration deadline. **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.

## CONTACT INFORMATION

NAME:

ADDRESS:

CITY:

STATE:

ZIP:

PHONE:

EMAIL:

WHICH LOCATION (Please Circle):

Galion

Bucyrus

Crestline

T-SHIRT SIZE (Please Circle) :

S

M

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



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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 September 3 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: \_\_\_\_\_