

BRING THIS FORM TO THE REGISTRATION AREA

UVA CHILDREN'S HOSPITAL WALK FOR KIDS

Saturday, May 31st, 2008 • Scott Stadium • Registration 8:00 a.m. • Start 9:00 a.m. • Picnic & Prizes Following

Name _____ Team Name/ Organization _____

Child 15 and under Yes No Contact Information _____

1. Make checks payable to UVA Children's Hospital or 2. Go to www.firstgiving.com/uvachildrens. Set a goal, write a message, choose a photo. E-mail your new page to family & friends. It's an easier way to raise money and help the kids.

SPONSOR (Name)	Pledge Amount
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16.	
17.	
18.	
19.	
20.	

Collect your money before the "Walk for Kids." If you have more sponsors, attach a piece of paper.

For more information contact:

UVA CHILDREN'S HOSPITAL 434.924.8432 OR 434.924.8538

P.O. BOX 800773

CHARLOTTESVILLE, VA 22908

WWW.FIRSTGIVING.COM/UVACHILDRENS

KLÖCKNER PENTAPLAST INC. 540.832.1555