



State Race Director Application and Registration Form

Organizer(s) First Name: _____

Organizer(s) Last Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Country: _____

Home Phone (with area code): _____

Cell Phone (with area code): _____

Email: _____

Your proposed date for the event: _____

Potential location of event: _____

Proposed name for your Run (name of the baby honored): _____

Please share the baby's full name, date of birth/death and cause of death if known.

Do you plan to team together with another family to put on your Run? _____

If so, please note the name of the family and their baby's name and information below:

Would you like to be paired with a family in your area by the Hope & Hearts Run Management Team if we have someone available?

Tell Us About You.

A. Are you a bereaved parent or has someone close to you experienced a loss? Please share your story (feel free to type your story in a separate Word document and include with this form).

B. Are you currently involved in any community and/or national groups? If yes, what are they, what are your current roles and how long have you been affiliated?

C. What type of experience have you had leading events or activities? _____

D. Because this cannot be an individual effort, to whom will you be looking to for committee support for the event? _____

E. What type of experience have you had in getting donations or sponsorship if any?

F. References:

Name

Phone number

Relationship

Signatures:

Date:
