

# HOPE & HEARTS RUN



GRIEVE • RESTORE • ARISE  
**GRACE**  
COMMEMORATE • EDUCATE

## 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.

\_\_\_\_\_

\_\_\_\_\_

Are you interested to do your Hope & Hearts Run together with another family? \_\_\_\_\_

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

\_\_\_\_\_

Do you have a family in mind that you plan to team together with to put on your Run? \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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).

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**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?

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**C.** What type of experience have you had leading events or activities? \_\_\_\_\_

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

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

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**F. References:**

Name

Phone number

Relationship

_____	_____	_____
_____	_____	_____
_____	_____	_____

Signatures:

Date:

_____	_____
_____	_____