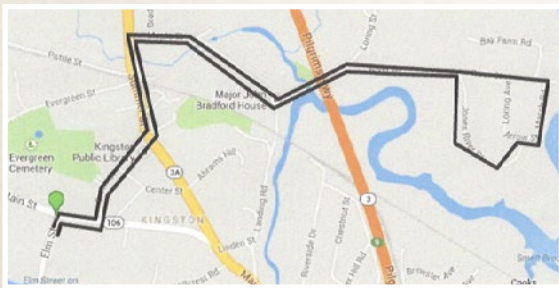


Please Join Us Saturday, April 27th, 2019

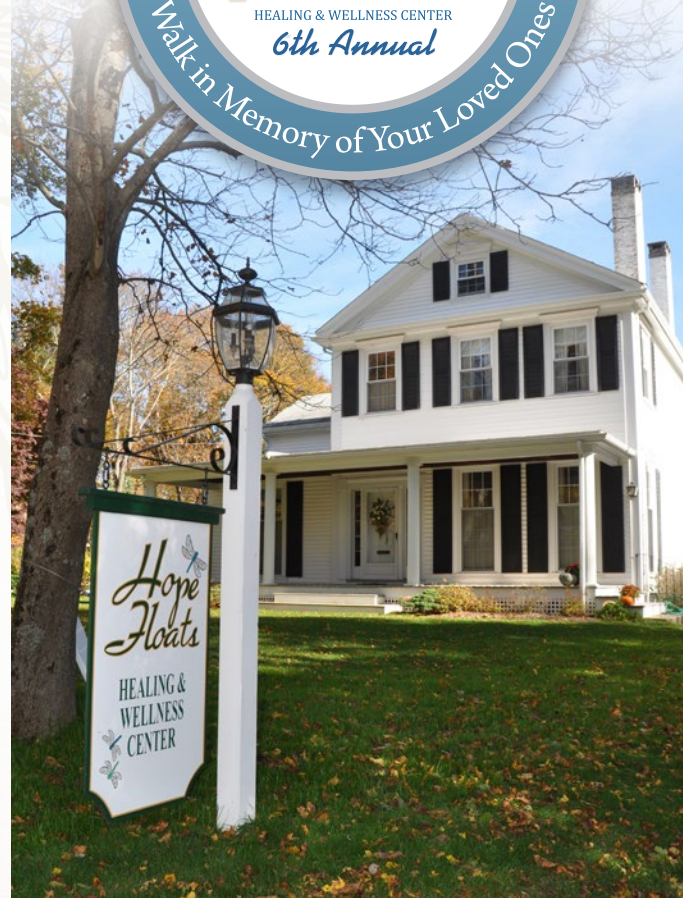
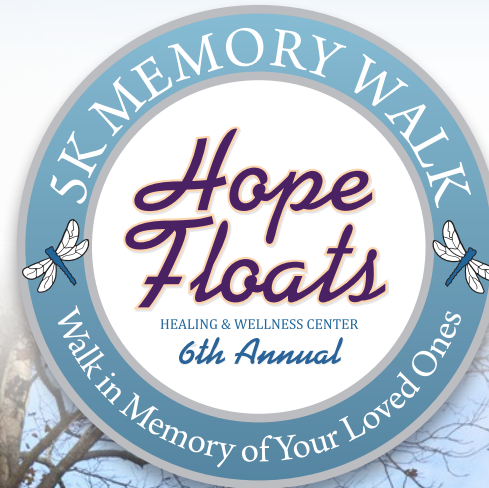
Registration: 8:30 am • Walk starts at 10 am
At Hope Floats Healing & Wellness Center
4 Elm Street, Kingston, MA 02364
781-585-4221 X2 • hopefloatswellness.org



(Extra parking available at the Beale House on Main St.)

Hope Floats
HEALING & WELLNESS CENTER
4 Elm St • PO Box 345 • Kingston, MA 02364

Join us Saturday, April 27th, 2019
Registration: 8:30 am. Walk begins at 10:00 am.



WALK BEGINS AND ENDS AT:
Hope Floats Healing & Wellness Center
4 Elm Street, Kingston, MA 02364
call: 781-585-4221 X2 visit: hopefloatswellness.org
"Providing hope to grieving adults & families"



our mission...

We are a bereavement and educational center for individuals and families who are grieving or facing other life challenges. Our mission is to help people cope with loss, support their healing, and nurture their physical and emotional well-being.

Bereavement Services

Support services are free of charge and open to the community.

Our approach is to support people in a safe environment where they are able to share and process their grief with others facing similar losses. Our facilitators are trained volunteers who often have experienced a loss similar to the group members.

Our day-long support retreats enable people with similar losses to gather together. These retreats include yoga, meditation, group discussion and mini-body treatments. We also host a variety of guest speakers throughout the year.

About Us

In 2008 Ken and Denise Brack created Hope Floats in memory of their son Michael, who passed in 2002. Having learned how such a loss is devastating and isolating, they wanted to offer support and resources to others going through a similar crisis. Today the center offers a variety of free support groups, support retreats and complementary wellness classes, body treatments and workshops.

We would like to thank...

All of our sponsors, donors, walkers and volunteers for their support with our Hope Floats Memory Walk

Early Registration:

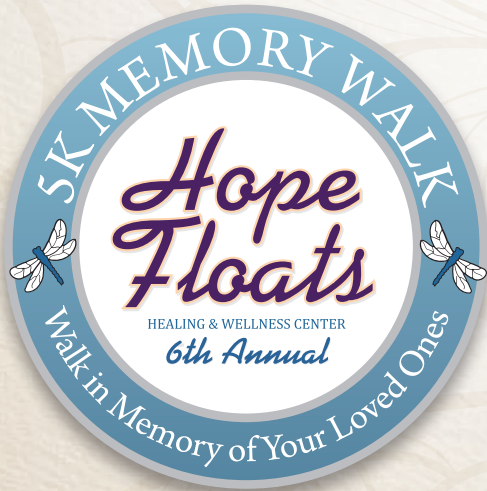
You will receive a Hope Floats Memory Walk T-shirt the day of the walk when you register before April 15. We cannot guarantee a t-shirt for registrations after April 15 or on the day of the event.

For more information call 781-585-4221 X2 or email Denise at denise@hopefloatswellness.org.

For liability purposes and for the comfort of all of our participants, please refrain from bringing your pet onto the Hope Floats grounds. Thank you for your cooperation.

Hope Floats Healing & Wellness Center
4 Elm Street ~ P.O. Box 345
Kingston, MA 02364

www.hopefloatswellness.org
Hope Floats is a non-profit 501(c)(3) public charity.



Sign Me Up!

Registration Fee:

\$25 for adults - \$15 for 12-18 year old
Under 12 walk for free

Donate:

I am not able to walk, but I would like to support Hope Floats. Here is my donation: \$ _____ (optional)
In Memory of: _____

Fundraise:

Invite your friends and family to support your walk by making a pledge or ask your company for a donation match.

Make Checks Payable To:

Hope Floats Healing & Wellness Center
Mail Payment and Registration to:
Hope Floats Memory Walk
P.O. Box 345, Kingston, MA 02364

Or Register Online

www.hopefloatswellness.org. "Events Page"

NAME _____

TEAM NAME (optional) _____

ADDRESS _____

CITY/STATE _____

EMAIL _____

PHONE _____

WAIVER:

I hereby waive all claims against Hope Floats Healing & Wellness Center, its parent corporation or its affiliates, sponsors and any personnel for any injury I might suffer in this event. I attest that I am physically fit and prepared for this event. I grant full permission for organization to use photographs of me and quotations in legitimate news stories and promotions. I give permission to add my email and address to the Hope Floats mailing list.

Signature/Date _____

Signature of parent if
under 18 years of age

Optional Sponsor Sheet.

Ask friends and family to support your walk by making a pledge or ask your company for a donation match. Please collect pledges when people sign up. [We recommend using a ballpoint pen to fill out the form.]

NAME	ADDRESS	PLEDGE PAID
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____
11.	_____	_____
12.	_____	_____
13.	_____	_____
14.	_____	_____
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