

ABOUT Burn Survivors of New England

Our Mission Is:

To empower and support burn survivors and their families as they build active and engaged lives;

To aid and support the recovery of burn survivors and their families through mentorship in recovery and by soliciting, raising and distributing funds for emotional and financial support of their recovery;

To provide financial support, including but not limited to, funding participation in the World Burn Congress;

To provide emotional support and information by creating and sustaining support groups for burn survivors and their families;

To provide continuing advocacy and education for policies, laws and individual actions which prevent burn injuries.

501(c)3 organization

BSONE

Burn Survivors of
New England
Hope, Courage, Community, Acceptance

About the Walk

The Burn Survivors of New England Walk is a CELEBRATION of HOPE, COURAGE, COMMUNITY, ADVOCACY, AND AWARENESS.

YOU CAN BE A SPONSOR

Event Sponsor	\$10,000
Walk Sponsor	\$5,000
T Shirt Sponsor	\$2,500
Sponsor a Walker	\$100



Annual Walk for Advocacy and Awareness

Saturday, Sept. 9, 2017
Spaulding Rehabilitation Hospital
Charlestown, MA
(Parking Garage address : 199 5th Ave,



Along the Beautiful Old Navy Yard Harborwalk

Registration at 9:30—Program at 10:00
Walk at 10:30—Lunch — Free Parking

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Register Online **BSONE** <http://bsone.org/events/2017-bsone-walk-for-advocacy-and-awareness> or <https://bsone2017walk.eventbrite.com>

Questions? Contact: www.bsone.org— Burn Survivors of New England or Diana Tenney at 508-995-0040

Email: dianatenney@comcast.net

Burn Survivors of New
England Walk for Advocacy and
Awareness

SEPTEMBER 9, 2017
REGISTRATION INCLUDES LUNCH & T-SHIRT



**Burn Survivors of
New England**
Hope, Courage, Community, Acceptance

Name _____ Team Name _____
 Contact Phone _____
 Street Address _____ City _____
 State _____ Zip _____

CONTRIBUTOR NAME	ADDRESS	PHONE	EMAIL	Donation

Registration 9:30—10:00
Spaulding Rehabilitation Hospital
Charlestown, MA

FREE PARKING — set your GPS
for 199 5th Ave, Charlestown, MA

I AM PARTICIPATING AS: INDIVIDUAL ___ TEAM ___
YOUTH T-SHIRT- SM ___; MED ___; LG ___
ADULT T-SHIRT— SM ___; MED ___; LG ___

WAIVER: Waiver and Release of Liability: I hereby waive all claims against BURN SURVIVORS OF NEW ENGLAND and SPAULDING REHABILITATION HOSPITAL their staff, volunteers, affiliates, sponsors, and any personnel for any injury I might suffer at this event. I attest that I am physically fit and prepared for this event. I grant full permission for organizers to use photographs of me and quotations from me in legitimate news stories and promotions.

 Signature of Walker

 Parent or Guardian (under 18)

TOTAL COLLECTED \$ _____
 REGISTRATION FEE \$ 20.00
Registration fee waived for under age 14

GRAND TOTAL \$ _____

Checks Should Be Made Out to:
BURN SURVIVORS OF NEW ENGLAND