



*Susan Satriano Memorial Scholarship Foundation
3012 Waverly Avenue
Oceanside, NY 11572*

**REGISTRATION FORM
THE SUSAN SATRIANO FOUNDATION WALK OF LIGHTS**

ENTRANT NAME _____ TEL NO. _____
EMAIL _____

FLAME RETARDANT BAG COLOR (Place a check mark next to the color of your choice) (Pink honors those who have lost their battle to cancer. Gold honors those presently battling cancer.)

|PINK _____ |GOLD _____

T-SHIRT COLOR: |PINK |BLUE
T-SHIRT SIZE: |LARGE |EXTRA LARGE

NAME OF PERSON BEING HONORED _____

Registration fee: \$20 CHECK (written out to Susan Satriano Foundation.) Check # _____ or \$20 CASH. If registering by mail, please MAIL CHECKS and upper part of form to the address above.

-----Tear-Off Receipt-----
(BRING TO EVENT)

The Susan Satriano Walk Of Lights will be held on **Saturday, October 22th, 2011** (rain date-Oct 29) at the High School Track beginning at 6:30 PM. For \$20, each entrant will receive a colored bag (pink or gold), a candle and base, and a Foundation T-shirt. Entertainment for the evening will include 2 Oceanside High School bands that will perform for all attendees.

There will be **raffles, a 50-50, food, face painting and balloon twisting, holiday shopping-many vendors**; A Foundation table selling books (In Sickness And In Health: A Memoir Of Love”), pins, M & M’s, and T-shirts, will be on display. SPONSORSHIPS ARE AVAILABLE. Please inquire about sponsorship packages at 516-603-5520 or email: joesue52@aol.com.

Name _____ is a registrant in **The Susan Satriano Walk of Lights** event, to be held on October 22, 2011 (rain date, October 29). THANK YOU FOR YOUR REGISTRATION fee (\$20.00), and for your participation!