

The Bobby Resciniti Healing Hearts Foundation is a non-profit organization that provides help in the healing process for parents and guardians who are suffering from the loss of a child or children.

We understand the pain, anguish and emptiness the death of a child brings, as we lost our twenty-one year old son, Bobby in a car accident on July 13, 2006. We have struggled with this relentless pain and now we want to reach out and help others.

We are reaching out and helping families in Miami Dade, Broward, and Palm Beach Counties.

Throughout our journey in the healing process, we have learned that the pain and anguish of losing a loved one is not limited to losing a child therefore we decided to celebrate and honor the life and love of any Angel.

Please join us for our 3rd annual **Angel Walk** dedicated to celebrating and honoring our loved ones that left this world too soon.

Have fun and see how many people you can get to sponsor your walk!

Bobby's Place

The Bobby Resciniti Healing Hearts Foundation is dedicated bringing a small amount of peace, hope and happiness to people with a broken heart.

We offer group meetings at Bobby's Place for parents that lose a child and sibling support.

Please help make us achieve this goal and make the difference in the lives of others.

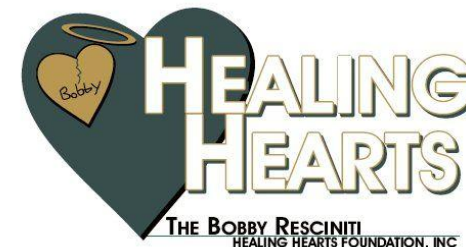
Purchase an Angel sign for everyone to see along the walk path! It includes a picture of your angel. You can have up to 125 characters written. Only a \$25.00 cost fee – see details on next page or go online at angelbobby.kintera.org

Angel Sign(s)	
List Angel Name(s)	\$25.00 each
1)	
2)	
3)	
4)	
5)	

You can email pictures to Bob Resciniti at angelbobby13@gmail.com

Register online at angelbobby.kintera.org

The Bobby Resciniti Healing Hearts Foundation Inc.
 11764 W Sample Rd #108 – Coral Springs FL - 33065
 351 N Congress Ave #281 – Boynton Beach FL – 33426
 EIN# 26-0146851



3rd Annual Angel Walk To Celebrate and Honor Our Angels

Sunday, April 29, 2012

Registration starts 10 a.m.
Walk starts 11 a.m.







This walk is for you to honor **any** loved one that left this world. Your Angel can be a parent, grandparent, sibling, child, uncle/aunt, friend

Losing someone we love is difficult – April 29th will be a day to remember and share with others.

**Tradewinds Park – Fritalry Shelter
 3600 West Sample Rd
 Coconut Creek, FL 33073**

BOBBY RESCINITI HEALING HEARTS ANGEL WALK REGISTRATION FORM

Name (print) _____ **Address** _____ **City** _____ **State** _____ **Zip** _____
Phone: () _____ **Email:** _____ **T-Shirt Size (\$5.00 each):** (please circle) **S M L XL XXL**

Name of walker or group members	Email Address (Family Registration – List all group members)	Pledge Amount
		
		
		
		
		
		

Register online at angelbobby.kintera.org

Yes! I plan on walking, see you April 29th 2012. I have enclosed a check money order credit card. **TOTAL** _____
 I am unable to walk, but I have enclosed my donation of \$_____ to help families in the healing process.
 I would like to purchase an Angel sign (\$25) in honor of someone I love. **Email photo to angelbobby13@gmail.com or post office mail BY 04/23/12**
 —> Angel sign will include a picture and up to 125 characters – you select what you want written about your special Angel.

VISA MasterCard American Express Card Number _____ Exp Date _____

** All checks must be made payable to - The Bobby Resciniti Healing Hearts Foundation Inc.

Mail completed form and \$5.00 registration fee per walker (includes park entry fee, snacks, beverages, the Walk, DJ, fun and more) **(by 04/25/12):**

Mailing address: The Bobby Resciniti Healing Hearts Foundation, 351 N Congress Ave #281, Boynton Beach FL, 33426

WALKERS MUST TURN IN A REGISTRATION FORM AND ALL MONIES COLLECTED THE DAY OF THE WALK or BEFORE.

ALL WALKERS MUST READ, SIGN, AND SUBMIT THIS FORM: In consideration of my signing this agreement, I hereby for myself, my heirs and my administrators, assume any and all risk which might be associated with the Walk. I waive and release any and all rights and claims for damages which I may have against the organizers and any others connected with this event. The Bobby Resciniti Healing Hearts Foundation or Tradewinds Park are not to be held responsible for damages or injuries to me.



Angel Walkers' Signature _____

Parent or Guardian if under 18 _____