

2006 Virginia Participant Registration Form



Name (one form per person) _____

Contact Phone (home) _____ (cell) _____ Will you have your cell phone on the Journey? _____

Contact Email _____

Mailing Address _____

When, where, and how (air/car) will you join the Virginia Journey of Hope (see itinerary)? _____

If you are driving to Virginia (or live here), would you be able to use your car throughout the Journey and allow others to ride with you? _____

What are the dates you will be on the Virginia Journey of Hope? _____

Are you traveling with other participants? ___ Who? _____

Are you sharing a hotel room with someone? ___ Who? _____

If you are not sharing a room with someone, can we pair you with someone? _____

Do you prefer a smoking or non-smoking room? _____

Do you have any physical restrictions or food restrictions (please describe) _____

Will you join the Virginia Journey of Hope as a: murder victim family member ___ death row family member ___ former death row or exonerated prisoner ___ a passionate activist ___ (check any or all that apply)

If willing, can you share with us your religious affiliation? _____

Is this your first Journey of Hope? _____

Do you need to apply for a scholarship? _____

Is there anything else we should know or that you need help with? _____

Complete this form and either fax it or mail it to: Virginians for Alternatives to the Death Penalty - FAX (434) 984-2803 or mail: PO Box 4804, Charlottesville, VA 22905 Questions? Contact Bill Pelke at bpelke@gci.net or call toll-free at (877) 924-4483

