

Celebrating

— 10 YEARS —



Walk a Mile in Her Shoes[®]

SafeSpace

Saving and Changing Lives



PARTICIPANT PACKET **INDIAN RIVER COUNTY**



Did You Know?

1 in 3 women and 1 in 4 men have experienced Domestic Violence (DV) in their lifetime.

5-15 million children are affected by DV every year.

*NCADV



7,153
Hotline
Calls

SafeSpace's 2019-2021 Impact

20,241
Shelter
Nights



1,651

Adults & Children Served
Through our Programs
and Services



3,306

Children Served Through DV
Prevention & Empowerment
Programs



783

Survivors Served By
SafeSpace Attorneys



16,567

Individual and Group
Counseling Sessions
Provided to Survivors



1,736

Survivors Received
Education About Financial
Empowerment

THE ONLY STATE-CERTIFIED
DOMESTIC VIOLENCE
ORGANIZATION ON THE
TREASURE COAST

SafeSpace | Walk a Mile in Her Shoes[®]

Indian River County Participant Registration

Sunset Saturday | October 9, 2021 | 3000 Ocean Drive, Vero Beach, FL 32963
 Registration 5:30-7:00 pm | Walk begins at 7:00 pm | Concert access: ALL NIGHT!

Please use this form to register your team and the team participants

Company Name (If applicable)		Primary Contact First and Last Name	
Street Address		City & Zip Code	
Primary Contact Email		Primary Contact Phone	
Teams, please complete this section and the following page			
If you are registering a team, please list your teammates below:		Team Name:	
		Captain:	

Please indicate amount of tickets you are purchasing:

Team of 10: \$350 (\$35/person) _____ **Individual ticket:** \$50 _____ **Child: (0-17):** \$10 _____

***PLEASE FILL OUT THE FOLLOWING PAGE TO INDICATE SHOE PREFERENCE AND T-SHIRT SIZE**

Please charge the card below in the amount of:

Credit Card Number: Exp: CVV:

Billing Address:

Name on Card & signature:

Please email this form to info@safespacefl.org.

If paying by check, please send via US mail to: SafeSpace | 612 SE Dixie Hwy Stuart, FL 34994

If you have questions or need more information, please call 772-223-2399 or visit our websites:

www.wamchallenge.safespaceflorida.org | www.facebook.com/safespacefl

Persons requiring accommodations under ADA may contact (772) 223-2399 five days prior to event.

For more information on the international movement, please visit walkamileinhershoes.org

SafeSpace is a 501(c)(3) not for profit organization. A portion of your donation is tax deductible based on the fair market value of each ticket utilized. A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800) 435-7352 WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE.

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Indian River County Team Participant Registration Form

***Please use this form, or the online registration feature to register all teams and individuals.**

Team captains: please provide your name, team, and name for all known teammates.

If you are an individual registering as part of a team: please include your name, captain's name, and team name.

All participants complete a registration

Participant First and Last Name	
Participant Phone Number	
Participant Email Address	
Indicate your shoe selection to the right (choose 1)	<input type="radio"/> Wearing my own red shoes <input type="radio"/> Need SafeSpace to provide red high heels <input type="radio"/> Need SafeSpace to provide red shoe covers
Shoe size Required by 10/1/21	
T-Shirt size Required by 10/1/21	

All participants complete a registration

Participant First and Last Name	
Participant Phone Number	
Participant Email Address	
Indicate your shoe selection to the right (choose 1)	<input type="radio"/> Wearing my own red shoes <input type="radio"/> Need SafeSpace to provide red high heels <input type="radio"/> Need SafeSpace to provide red shoe covers
Shoe size Required by 10/1/21	
T-shirt size Required by 10/1/21	

All participants complete a registration

Participant First and Last Name	
Participant Phone Number	
Participant Email Address	
Indicate your shoe selection to the right (choose 1)	<input type="radio"/> Wearing my own red shoes <input type="radio"/> Need SafeSpace to provide red high heels <input type="radio"/> Need SafeSpace to provide red shoe covers
Shoe size Required by 10/1/21	
T-shirt size Required by 10/1/21	

All participants complete a registration

Participant First and Last Name	
Participant Phone Number	
Participant Email Address	
Indicate your shoe selection to the right (choose 1)	<input type="radio"/> Wearing my own red shoes <input type="radio"/> Need SafeSpace to provide red high heels <input type="radio"/> Need SafeSpace to provide red shoe covers
Shoe size Required by 10/1/21	
T-shirt size Required by 10/1/21	

*Please make extra copies of this page for additional registrants.