



advokate

charity run 10k • 5k • 1 mile

Saturday, August 1, 2009 Rochester Municipal Park

Participant Registration Form

Event: 10k Run 5k Run 5k Walk 1 mile family fun walk/run

Last Name: _____

First Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

Gender: M F Shirt Size: S M L XL Age on Race Day: _____

Emergency Contact Information:

Name: _____ Phone: _____

Registration Cost: \$25.00 before July 22nd, \$30.00 thereafter
(limited t-shirt availability on day of event registration)

MAKE CHECKS PAYABLE TO: St. Jude Children's Research Hospital

Please write "Advokate Run" in memo area

MAIL FORM AND PAYMENT TO: 709 Buckhorn Drive, Lake Orion, Mi 48362

Waiver - By submitting this entry form, I hereby, for myself, my heirs and my executors, waive and release all rights and claims for damages I may have against ALSAC/St. Jude Children's Research Hospital, the city of Rochester and all their departments, and all sponsors, and race management organization, for injuries suffered by me in this event. I attest that I have trained sufficiently to participate in this event and I am physically fit.

Participant Signature

Date

Parent Signature (for participants under age 18)

Date