



advokate

Charity Run/Walk

10k 5k 1mi

Saturday August 6, 2011

Rochester, Michigan

2011 Participant Registration Form

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

Gender: M F

Last Name: _____

First Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

Shirt Size: Adult Youth / S M L XL **Shirt Type:** Standard Dry-FIT (add \$15.)

Date of Birth: Month: _____ Day _____ Year _____

Emergency Contact Information:

Name: _____ Phone: _____

Registration Cost: \$25.00 before July 27th, \$30.00 thereafter
(limited t-shirt availability for late 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