Internal Office Use Only: BIB # _____ Posted _____Payment Type _____

2017 Care4 Breast Cancer 5K Run/Walk Entry Form

PLEASE PRINT CLEARLY

First Name ☐☐☐☐☐☐☐☐☐☐ **Last Name** ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Street Address ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ **Apt#** ☐☐☐☐

City ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ **State** ☐☐ **Zip** ☐☐☐☐☐

Day Phone ☐☐☐ - ☐☐☐ - ☐☐☐☐ **Evening Phone** ☐☐☐ - ☐☐☐ - ☐☐☐☐

(email will be used for confirmations and race related announcements and newsletters only)

Email_____ ☐**Please add me to the FHPC Mailing List**

Date of Birth ☐☐/☐☐/☐☐ **Age on Race Day** ☐☐ **Sex M** ☐**F** ☐ **Breast Cancer Survivor** ☐

Team Name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Shirt Size☐**Youth M** ☐**Youth L** ☐**Small** ☐**Medium** ☐**Large** ☐**X-Large** ☐**XX-Large**

T-shirt sizes not guaranteed to late or race-day registrants

Waiver and Release: I recognize and acknowledge that there are certain risks of physical injury and harm to participants in this Activity. I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of the severity, that may happen as a result of participating in this activity and agree to hold harmless the City of Woodstock, CUSD 200, including its agents, volunteers and employees, The Family Health Partnership Clinic, and any/all sponsors, organizers, volunteers, and officials. I do hereby fully release and forever discharge the City of Woodstock, School District 200, Family Health Partnership Clinic, sponsors, organizers, volunteers, and officials from any and all claims for injuries, damages, or loss that may occur to me and arising out of, connected with, or in any way associated with this activity. In signing this, I also understand that my likeness/photo may be used for promotional purposes by FHPC. I have read and fully understand the above important information, warning or risk, assumption of risk and waiver and release of any and all claims.

_____

Participant's Signature (Signature Of Parent Or Guardian If Under 18 is Required) ***Date***

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Care4 Breast Cancer 5K Run/Walk

October 15, 2017 ~ 8:30 AM

at Woodstock North High School

Remote parking located at the McHenry County Government Center (Rte 47 & Ware Rd.) Shuttles to WNHS will be available from 7:00-8:00AM and post-race.

CHIP TIMING!

1st, 2nd, and 3rd place finishers for both males and females in 15 age categories will be awarded medals.

Awards Ceremony begins at 9:30 AM

The Top Overall Male & Female winner will be awarded a $50 Gift Certificate from The Running Depot!

Additional Awards

Top Overall School Challenge Team
Top Team Overall Fundraiser
Top Individual Fundraiser

Registration Fees:

Online/In person before 10/11 end of day: $30
Mail entry form before 10/06: $30
Late/Race Day Registration: $35
(*sorry no refunds*)
MAKE CHECKS PAYABLE TO FHPC

Mail Entries To:

Family Health Partnership Clinic
401 E. Congress Parkway
Crystal Lake IL 60014
Phone: (779) 220-9305

You may also bring entries to: The Running Depot at 30 N North Williams St., Crystal Lake by 10/10.

Packet Pick-up & Late Registration available on Saturday, October 14th from 9:00 am to 2:00 pm at:

Family Health Partnership Clinic
401 E. Congress Parkway, Crystal Lake 60014