

United We Run For a Cure 5K Run/Walk Friday, June 15th Alton Amphitheater

Date/Time: Friday, June 15th, 2018

5K begins at 7:30 pm

Race Day Registration begins at 5:00 pm

Location: Alton Amphitheater located at 1 Riverfront Dr. Alton, IL 62002

Giveaway: Tank tops will be provided for entrants registered before June 1st.

Late registrations are not guaranteed a shirt.

Awards: Medals to top three overall male and female finishers. Medals to top

three male and female finishers in categories: 19-under, 20-29, 30-39,

40-49, 50 and up.

Registration: 11 and under - \$20 each, \$25 after June 1st

12 and up - \$25 each, \$30 after June 1st

Entry fees are non-refundable.

Register online at: https://register.chronotrack.com/r/39573

Packets: 5:00 pm pickup on Race Day

Information: The United We Run For a Cure 5K will be held to raise money for the **American**

Cancer Society through the Relay For Life of Riverbend. For questions, contact David Watts at 618-980-4242 or dmwatts1980@att.net or Sheena Whitehead at

618-288-7112 or sheena.whitehead@cancer.org



United We Run For a Cure 5K----Make checks payable to American Cancer Society

Mail this form along with your check to: Attn. United We Run For a Cure 5K, #5 Schiber Ct. Maryville, IL 62062 Name ______Phone _____ Address Age on race day ____ City/State/Zip ___ Gender: Male Female Circle T-Shirt Size: Youth - S Youth - M Youth - L Adult - S Adult - M Adult - L Adult - XL Adult - XXL Are you running in support of a Relay For Life team? Y / N Relay Team Name_____ Waiver of Liability: In consideration of your accepting this entry, I, the undersigned, intending to be legally bound, hereby, for myself, my heirs, executors and administrators, waive and release any and all claims for damages, actions and causes of actions against Carlyle Lake and the American Cancer Society, their affiliates, subsidiaries, officials, representatives, employees, successors, and assigns for any and all injuries suffered by me in said event. I attest and verify that I am physically fit and have sufficiently trained for the competition of this run. Further, I hereby grant full permission for the use of my name and/or any photographs, videotapes, motion pictures, recordings, or any other record of this event for legitimate purpose. Parent Signature if under 18 Date Additional Registration Forms Below Name ______Phone _____ ______ Age on race day _____ Address _____ City/State/Zip Circle Gender: Male Female Circle T-Shirt Size: Youth - S Youth - M Youth - L Adult - S Adult - M Adult - L Adult - XL Adult - XXL Name ______Phone _____ Age on race day _____ Address _____ Circle Gender: Male Female Circle T-Shirt Size: Youth – S Youth – M Youth – L Adult – S Adult – M Adult – L Adult – XL Adult – XXL Signature _____ Name _____Email ____Phone _____
Address _____Age on race day ______ Circle Gender: Male Female City/State/Zip Circle T-Shirt Size: Youth - S Youth - M Youth - L Adult - S Adult - M Adult - L Adult - XL Adult - XXL Name ______Phone _____ Address ______ Age on race day _____ City/State/Zip Circle Gender: Male Female Circle T-Shirt Size: Youth – S Youth – M Youth – L Adult – S Adult – M Adult – L Adult – XL Adult – XXL Name _______Email_______Phone _____ Address _____ Age on race day _____ City/State/Zip _ Circle Gender: Male Female Circle T-Shirt Size: Youth – S Youth – M Youth – L Adult – S Adult – M Adult – L Adult – XL Adult – XXL Name ______Phone _____ Age on race day _____ City/State/Zip _____ Circle Gender: Male Female Circle T-Shirt Size: Youth - S Youth - M Youth - L Adult - S Adult - M Adult - L Adult - XL Adult - XXL Signature _____