



AdvoKate Charity Run

for St. Jude Children's Research Hospital

August 5th, 2017 - Rochester, Michigan

2017 Participant Registration Form

Event: 10k Run 5k Run 5k Walk 1 mile family fun walk/run **Gender:** M F

Voucher Code
(if applicable)

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 thru July 16, \$30.00 thereafter
(no t-shirt guarantee for registration after July 26th)

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