



# AdvoKate Charity Run

for St. Jude Children's Research Hospital

August 3rd, 2019 - Rochester, Michigan

## 2019 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., Adult Sizes Only)

**Date of Birth:** Month: \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**Emergency Contact Information:**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Registration Cost:** \$25.00 thru July 4, \$30.00 thereafter  
(no t-shirt guarantee for registration after July 21st)

**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**