

5K RUN WALK

Hosted by the
Memorial Medical Center
Transplant Program

Registration Sheet

Name _____

Address _____

City _____ State _____ ZIP _____

Home Phone _____ Work Phone _____

E-mail _____ Memorial Employee ID# _____

IMPORTANT: *In order to receive your T-shirt by the event day, you MUST register by August 28, 2009.*

Adult T-shirt Size (circle one) S M L XL 2XL 3XL

Youth T-shirt Size (circle one) S M L

\$20 Registration Fee—Adults
(includes one T-shirt)

\$10 Registration Fee—Youth
(includes one T-shirt)

Check Credit Card Additional Donation \$ _____
May be tax deductible to the extent of the law.

Make checks payable to:

Memorial Medical Center Foundation. Mail to: Memorial Transplant Services, 701 North First Street, Box 87, Springfield, IL 62781.

Credit Card Information

Account # _____ Visa MasterCard Expiration Date _____

Waiver of Liability

As an entrant of Memorial's Transplant Run/Walk, I release complete responsibility for any injury to me or damage to my property which may occur during this event or while I am on the premises of the event. I hereby release and hold harmless the sponsors, promoters and all other persons associated with the event or otherwise. Unregistered runners, unauthorized vehicles, bicycles, skateboards and roller skates are strictly prohibited. Please note: This race is not a Springfield Road Runner's Club points race.

..... CUT HERE:

Keep this portion as a reminder

5K RUN WALK

Wear weather-appropriate attire and comfortable walking shoes.

For more information, call **217.788.3441.**

Saturday, Sept. 12 (Rain or Shine)
Washington Park • Springfield • Illinois

Starting Point: Picnic Pavilion

Registration time: **7am**

Start: **8am**

www.memorialtransplantservices.com