

2012 Run to Fight Children's Cancer Spring Edition Registration Form

Last Name	First Name
Mailing Address	
Apt, Unit or Suite #	
City	
State	
Zip Code	
Day Phone	
Alternate Phone	
E-mail	
Birth Date (ex: 03/01/1980)	
Age (on race date)	
Sex <input type="checkbox"/> M <input type="checkbox"/> F	
T-Shirt Size <input type="checkbox"/> SM <input type="checkbox"/> MED <input type="checkbox"/> LRG <input type="checkbox"/> XL <input type="checkbox"/> XXL	

CANCER SURVIVORS' WALK SIGN UP SIGN ME UP!

FREE for cancer survivors of all ages! This is an untimed event.

_____ Age _____

Cancer Survivor Name

How Many Years as a Cancer Survivor

Parent/Guardian Name

TEAMS

Team Name: _____

In consideration of your acceptance of this entry, I hereby, for myself, my heirs, my executors and administrators, waive and release any and all rights and claims for damages I may have against Grand Canyon University the sponsors of the Run to Fight Children's Cancer (including the respective affiliates, employees, agents, officers, directors and shareholders of such officials and sponsors), Raceplace Event Systems, coordinating groups, and any individuals associated with the event, their representatives, successors and assigns, and will hold them harmless for any and all injuries or illness suffered in connection with said event. I certify that I am in good physical condition and capable of participating in this event. Also, none of the above are responsible for the loss of personal items nor any other form of aggravation in connection with said event. I have been warned I must be in good health to participate in this event. In filling out this form, I acknowledge that I am an amateur in such events. I also give permission for free use of my name and picture in any broadcast, telecast or print media account of this event. In filling out this form, I acknowledge I have read and fully understand my own liability and do accept the restrictions. This entry is invalid unless signed by participant. If entrant is under 18 years of age, parent or legal guardian must sign below.

SIGN HERE DATE

SIGNATURE OF ENTRANT OR GUARDIAN DATE

FEE SCHEDULE

<p>10K \$30 through 3/2/12 \$35 3/3/12 - 3/9/12 \$40 day of race</p> <p>5K \$20 through 3/2/12 \$25 3/3/12 - 3/9/12 \$30 day of race</p>	<p>EVENT CHOICES: (Please check all that apply):</p> <p><input type="checkbox"/> 10K <input type="checkbox"/> 5K <input type="checkbox"/> Cancer Survivors' Walk</p> <p style="text-align: center;">Total Enclosed \$ _____ .00</p> <p>Make checks payable to: Children's Cancer Network</p> <p>Mail to: Fieldworks Events & Marketing, Inc. PO Box 14707 • Scottsdale, AZ 85267</p> <p>NO Debit or Credit transactions except online at www.active.com</p>
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REGISTRATION FORM

RUN TO FIGHT CHILDREN'S CANCER

10K/5K + Cancer Survivors' Walk

Saturday, March 10, 2012

Grand Canyon University
3300 W. Camelback Road
Phoenix, AZ 85017

PROCEEDS
benefiting

Visit runtofightcancer.com
or Call 602.639.7286