

Run for Your Life 5K

Saturday, May 31, 2014

Race starts at 9 am

All Proceeds Benefit American Cancer Society Relay for Life

Location: Breese Dental Care, 111 North Main, Breese, IL Race Day Registration & Packet Pick Up: 7:00 – 8:30 am

Race participants registered by May 14th will receive a T-shirt.

Pre-registration will continue through 8:30 am on race day. T-shirt not guaranteed.

Timing provided by Running Start.

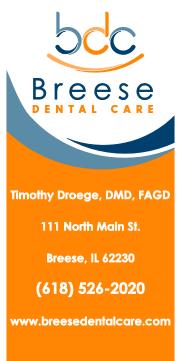
Top 3 medals awarded in each age group: 13 & under, 14-19, 20-29, 30-39, 40-49, 50 & over Refreshments will be provided after the race.

Please make entry fee of \$25.00 payable to American Cancer Society & mail to



111 North Main, Breese, IL 62230

As with any cancer, early discovery can save your life. Please have an oral cancer exam done every year with Velscope.



Name			Gender				_ Age on Race Day						
Address													
mail Phone													
I'm running In Honor Of					In Memory Of								
I am a Caregiver	I am a Caregiver					I am a Survivor							
T-Shirt size (Please circle one)	Adult:	S	М	L	XL	XXL	Youth:	S	M	L			
Disclaimer/Waiver of Liability: 1 unactivity. I know that I should not enagree to abide by the decisions of trace. I assume all risk associated wisignature verifies that I understand the entry-fee is non-refundable. Multiple Breese Dental Care & American Caror liabilities of any kind arising from for the free use of my name and an Signature	nter a race of the race of the particular in the about t	ce ur offici cipat ve ar d any ety's ticipa grapl	als re als re ing in nd tha yone of Rela ation ns fro	am latin this at up entit y for in th	mediang to make a seven your Life a consistence of the consistence of	cally about the cally about the cally according to the call and any ent. Further left for left the cally and for left the cally according to the cally according	ole and pro ity to safel ing read the eptance of oon my be y voluntee rther, I gra legitimate	operlly conhis whis which this half, ers from ant for purp	ly trail mplet raiver, s appli relea om all ull pe	ned. e the my ication se I clain rmissi	n, ns ion		
Signature								Date	<u> </u>				
Signature of Parent or Guardian	if unde	r age	e 18										