

THE 1st ANNUAL
Appendix Cancer 5K

Visit us online at www.runforappendixcancer.com

DATE: SATURDAY, October 2, 2010
LOCATION: Elm Street
Sulligent, AL 35586

All proceeds will go directly to benefit appendix cancer research and is tax deductible.

ENTRY FEE

\$20- 5K Run/ Walk until September 25th when prices will increase to \$25
For participants 18 and under the entry fee will be \$15.00 until September 25th when prices will increase to \$20
T-Shirts guaranteed for first 250 participants

SCHEDULE OF EVENTS

Friday, October 1st
9 am to 6:00pm- Registration and Packet Pick-up at Family Health Pharmacy- Sulligent, AL
Saturday, October 2nd
7:00 to 7:45 am- Registration and Packet Pick-up on Elm Street (beside West AL FORD)
8:00 am- Appendix Cancer 5K

Awards will be presented following the 5k

AWARDS

Awards and trophies awarded to overall 1st, 2nd and 3rd place finishers- Male and Female
Medals awarded to 1st, 2nd and 3rd place finishers per each age group- Male and Female
0-10, 11-19, 20-29, 30-39, 40-49, and 50 and up.

REGISTRATION OPTIONS

Register Online: www.runforappendixcancer.com (online registration will Close September 30, 2010)
Register in person at these locations: Family Health Pharmacy Sulligent, AL, Chiropractic Center of Vernon, or at any of the First State Bank Locations (Sulligent, Beaverton, Hamilton, Winfield, Northport)

Mail application (Make Check Payable to MD Anderson Appendix Cancer Research):
Megan Heath 54956 Hwy 17 Sulligent, AL 35586 – Mail in entry forms must be received by Saturday, September 25, 2010

REGISTRATION FORM-----send bottom portion along with payment-----

Entry Fee/Event _____ 5K- \$15 / \$20 / \$25 _____ Additional Donation for \$ _____ Total Submitted _____

Last Name: _____ First Name: _____ Age: _____ Gender: (Please Circle) M F

Street Address: _____ City: _____ State: _____ Zip: _____

Email: _____ T-shirt Size (Please Circle): XL L M S No Shirt Kid Sizes: L M S XS

THE FOLLOWING WAIVER MUST BE COMPLETED TO PARTICIPATE IN THIS EVENT:

In consideration of this entry acceptance, I hereby for myself, my heirs, executors and administrators, waive any and all claims for damages I may have against the organizing group of the run for appendix cancer, the representatives, successors or assigns of this event, race volunteers and all sponsors for any injuries that may be suffered by me in this event. I will additionally permit the use of my name and pictures in media coverage. I further attest that I am physically able to participate in said event.

Date: _____ Signature (Parent or Guardian if under 18 years of age) _____