



8:00 a.m., Saturday, November 19, 2016
 Timed 5K or 1 Mile Walk * Start & Finish at Frontier Texas!

INDIVIDUAL ENTRY FORM

<p>ABOUT THE RACE Join Cancer Services Network as we <i>Run Together</i> for those who fight, fought, and hope. This 9th annual event benefits the mission of CSN. CSN provides help to local cancer patients, survivors and their families and caregivers through direct financial assistance, educational programs, and emotional support.</p> <p>AWARDS Special recognition will be awarded to the overall male/female winners. The top male/female finishers in each age group will receive a metal; ribbons for second and third place finish. Awards for best costume, most enthusiastic, oldest, & youngest.</p>	<p>CHIP TIMING PROVIDED</p> <p>REGISTER ONLINE! www.cancerservicesnetwork.org Online Registration will close by 12 p.m., Thursday, November 17, 2016</p> <p>ENTRY FEES</p> <table> <tr><td>\$30</td><td>Adult Registration</td></tr> <tr><td>\$25</td><td>Abilene Runners Club</td></tr> <tr><td>\$15</td><td>Youth (15 & Under)</td></tr> <tr><td>\$75</td><td>Family of 4 (adults & youth)</td></tr> <tr><td></td><td>* \$5 each additional member</td></tr> <tr><td>\$200</td><td>Teams of 10</td></tr> <tr><td></td><td>**\$20 each additional</td></tr> </table> <p>***Race Day Registration will increase \$10/person in each category</p>	\$30	Adult Registration	\$25	Abilene Runners Club	\$15	Youth (15 & Under)	\$75	Family of 4 (adults & youth)		* \$5 each additional member	\$200	Teams of 10		**\$20 each additional	<p>VOLUNTEER INFORMATION Volunteers are critical for our success. If you would like to volunteer, please call 325.672.0040.</p> <p>T-SHIRTS The first 200 registrants are guaranteed to receive a <i>RUN TOGETHER</i> t-shirt. Register early!</p> <p>LOCATION <i>Frontier Texas!</i> 625 N. 1st Street Abilene, TX</p> <p>TEAM and Individual FORMS Printable forms can be found at www.cancerservicesnetwork.org.</p>
\$30	Adult Registration															
\$25	Abilene Runners Club															
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	* \$5 each additional member															
\$200	Teams of 10															
	**\$20 each additional															

FIRST NAME: _____ LAST NAME: _____

DATE OF BIRTH: ____/____/____ AGE: _____ GENDER: (Circle One) M F

ADDRESS: _____

CITY, STATE, ZIP: _____

EMAIL: _____ PHONE: _____

T SHIRT SIZE: YXS YS YM YL S M L XL XXL XXXL

Would you like to be recognized as a cancer survivor by receiving a purple t-shirt? Y N

Would you like to be recognized as participating to honor someone's memory? Y N

CHOOSE EVENT (circle one): Timed 5K Run 5K/1 Mile Walk

REGISTRATION FEE \$ _____

MAKE CHECKS PAYABLE TO: Cancer Services Network

Mail to: P.O. Box 2026, Abilene, TX 79604

PLEASE READ & SIGN THE BACK OF THIS FORM FOR YOUR REGISTRATION TO BE COMPLETE!



***ADDITIONAL FAMILY MEMBERS (If completing a family registration)**

First Name: _____ **Last Name:** _____

Gender: M F **Age:** _____ **T-Shirt Size:** YXS YS YM YL S M L XL XXL XXXL

Signature: _____ **Survivor:** Y N **In Memory:** Y N

First Name: _____ **Last Name:** _____

Gender: M F **Age:** _____ **T-Shirt Size:** YXS YS YM YL S M L XL XXL XXXL

Signature: _____ **Survivor:** Y N **In Memory:** Y N

First Name: _____ **Last Name:** _____

Gender: M F **Age:** _____ **T-Shirt Size:** YXS YS YM YL S M L XL XXL XXXL

Signature: _____ **Survivor:** Y N **In Memory:** Y N

Waiver Statement: (Must be signed)

I know that running/walking a road race is potentially hazardous activity. I should not enter and run/walk unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the race. I assume all risks associated with running this event including, but not limited to: falls, contact with other participants, the effect of the weather, including high heat and/or humidity, traffic and the conditions of the road, all such risk being known and appreciated by me. HAVING READ THIS WAIVER and knowing these facts and in consideration of your accepting my entry, I, for myself, or anyone entitled to act on my behalf, waive and release the organizers and all sponsors, their representatives and successors from all claims or liabilities of any kind arising regarding my participation in this event even though that liability may arise out of negligence or carelessness on the part of the person named in this waiver. I grant permission to all of the organizers/sponsors of this event to use any photographs, recordings, or any other record of this event for any legitimate purpose.

Signature: _____ **Date:** _____

Parent's Signature (if under 18): _____

