



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

**INDIVIDUAL ENTRY FORM**

<p><b>ABOUT THE RACE</b>          Join Cancer Services Network as we <b>Run Together</b> for those who fight, fought, and hope. This 9<sup>th</sup> 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><b>AWARDS</b>          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, &amp; youngest.</p>	<p><b>CHIP TIMING PROVIDED</b></p> <p><b>REGISTER ONLINE!</b>  <a href="http://www.cancerservicesnetwork.org">www.cancerservicesnetwork.org</a>          Online Registration will close by 12 p.m., Thursday, November 17, 2016</p> <p><b>ENTRY FEES</b></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 &amp; Under)</td> </tr> <tr> <td>\$75</td> <td>Family of 4 (adults &amp; youth) * \$5 each additional member</td> </tr> <tr> <td>\$200</td> <td>Teams of 10 **\$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><b>VOLUNTEER INFORMATION</b>          Volunteers are critical for our success. If you would like to volunteer, please call <b>325.672.0040</b>.</p> <p><b>T-SHIRTS</b>          The first 200 registrants are guaranteed to receive a <b>RUN TOGETHER</b> t-shirt. Register early!</p> <p><b>LOCATION</b>  <i>Frontier Texas!</i>          625 N. 1<sup>st</sup> Street          Abilene, TX</p> <p><b>TEAM and Individual FORMS</b>          Printable forms can be found at <a href="http://www.cancerservicesnetwork.org">www.cancerservicesnetwork.org</a>.</p>
\$30	Adult Registration											
\$25	Abilene Runners Club											
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\$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):** \_\_\_\_\_

