

**Saturday, September 13, 2014 | Downtown Leesville**

**All funds benefit Relay For Life of Vernon Parish**



**Light Up The Night 5k Run**

**Event Timeline** Registration/Check-In: 6:30 pm | Opening Ceremonies 7:30pm | Awards Ceremony 8:30pm

**Registration Fees & Event T-shirts** Registration for the event is **\$25 per person**, and can be done using this form (mailed or dropped-off) or on the race website. Registration submitted to the American Cancer Society by Friday, August 29 will receive an event t-shirt at race day check-in. All registration forms received after August 29 will not be guaranteed a t-shirt. Event day registration will be available online and in-person until Opening Ceremonies begin.

**Race Bibs and Awards** Race Bibs will be available at check in on race day. Medals will be presented to 1st, 2nd & 3rd place overall Male, Female & Children (12 and under) winners.

**Facebook** For up-to-date information about the event, "like" the page: [www.facebook.com/vernon.relay](http://www.facebook.com/vernon.relay)

**Online Registration** Visit <https://runsignup.com/Race/LA/Leesville/LightUptheNightVernon>

**Waiver** All participants (or guardians) are required to sign a waiver and release form at check-in.

**The American Cancer Society** Saves lives and creates more birthdays by helping you stay well and get well, by finding cures, and by fighting back. For more information about the organization, visit [cancer.org](http://cancer.org) or call 800.227.2345.

**Registration information required (one form per participant). Please PRINT clearly.**

Participant First Name: \_\_\_\_\_ Participant Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_ D.O.B. \_\_\_\_\_

T-shirt Size (Circle One): Youth: S M L XL | Adult: S M L XL XXL

Payment Type (Circle One): CASH | CHECK (*payable to American Cancer Society*) | AMEX | MASTERCARD | VISA

Total Amount Included: \$ \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_

Are you affiliated with a Relay For Life team (Y/N)? \_\_\_\_\_ Team name: \_\_\_\_\_



**Mail Registration Form:** ATTN: Light Up the Night, PO Box 559, Leesville, LA 71496

**Drop off Registration Form:** ATTN: Kem Johnson, 4H Office, 801 South 3rd Street, Leesville, LA 71446 or

ATTN: Teresa Bailey, Sabine Bank, 7640 Colorado Avenue, Fort Polk South, LA 71459