

# THE 33<sup>RD</sup> ANNUAL P.A.L.S. FAMILY FUN WALK & RUN

## SUNDAY, FEBRUARY 28<sup>TH</sup>, 2021

*Join us in walking for all people living with Cancer!*

JOIN FAMILY, FRIENDS AND THE ENTIRE COMMUNITY FOR P.A.L.S. MAJOR FUNDRAISER FOR THE YEAR!

## Step-a-Thon

**This year we're trying something new: a "Step-a-Thon".** It's a virtual walk done in your own "bubble" and it's easy to do....

**1) REGISTER:** Online at [www.racedayworld.com](http://www.racedayworld.com). Register by credit card, bank transfer or cash by calling PALS at 236-7257.

**Registration Fee:** Adults: \$30.00 | Children (5 -15 yrs): \$15.00

**2) RECORD:** Your steps - you can use a step counter or just take your best guess.

- 3,940 Steps = 3km (approximately 30 minutes)
- 6,560 Steps = 5km (approximately 45 minutes)
- 12,120 Steps = 10km (approximately 90 minutes)

**3) SUBMIT:** Record your step count on [racedayworld.com](http://racedayworld.com).  
(If you don't have access to the internet, call or email PALS and we will enter it for you.)

All walkers that record their step count by **March 10** will be entered to win a prize. Prizes for 3K, 5K, 10k and the Biggest Virtual Team (register as a group on [racedayworld.com](http://racedayworld.com) - corporate, friends, family) will be drawn on **Friday, March 12, 2021**.

### DRIVE THROUGH KIT COLLECTION:

Saturday, February 27 (9am-12pm) - Butterfield & Vallis, Woodlands Road, Pembroke  
(Wear mask, social distancing, no need to exit the car)

If you can't come Saturday, there will be limited pick up on Friday, February 26 (3pm-6pm) - PALS Office, 18 Pt. Finger Road. **\*Kits for the first 500 registrants**



18 Point Finger Road, Paget DV 04 Bermuda | T: (441) 236-7257 | F: (441) 236-7250 | E: [info@pals.bm](mailto:info@pals.bm) | [www.pals.bm](http://www.pals.bm) | P.A.L.S. Cancer Care in Bermuda



**IMPORTANT: PLEASE READ & SIGN WAIVER BELOW**



Walker's Name: \_\_\_\_\_ Date of Birth: DD/MM/YYYY

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

Tel: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_

**WAIVER:** I hereby waive and release any and all claims for damage/injuries I may sustain while participating in the PALS Annual Walk. I also give permission for any photos, film or video of the event to be used for publicity purposes and agree to have my contact details included in the PALS database.

Signature: \_\_\_\_\_ Date: DD/MM/YYYY