

# Run & Walk for Prostate Cancer Awareness- 2018 Registration Form

**Registration** (If registered by August 22nd)

\$30-Adult      \$15-Child 6-17

**Late/Same Day Registration** (If registered **after** August 23rd- **includes T-Shirt while supplies last**)

\$35-Adult      \$20-Child 6-17

**Please Print - Use One Form per Participant - Copy for Additional Registrations**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Age on Day of Race \_\_\_\_\_ ☐Male ☐Female      Are You a Prostate Cancer Survivor? \_\_\_\_\_

Dry-Performance T-Shirt:    **Men's-** ☐Small ☐Medium ☐Large ☐X-Large ☐XX-Large

**Women's Cut** ☐Small ☐Medium ☐Large ☐X-Large    **Youth** ☐Small ☐Medium ☐Large

I will participate in: ☐5K Run    ☐3K Walk

How did you hear about our event? \_\_\_\_\_

I am participating in honor/memory of (if applicable) \_\_\_\_\_

**I am unable to participate but would like to make a tax-deductible donation of \$** \_\_\_\_\_

**Please accept my donation on behalf of (if applicable)** \_\_\_\_\_

**PAYMENT INFORMATION** (complete this section **once** if multiple registrations)

Method of Payment: ☐ Cash    ☐ Check    ☐ Visa    ☐ MasterCard    ☐ American Express    ☐ Discover

**Make Checks Payable to Prostate Cancer Foundation of Chicago or PCFC**      Total Amount Paid \_\_\_\_\_

**Credit Card Users:**

Card Holder's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**Credit Card Information**

Account# \_\_\_\_\_ Exp. Date \_\_\_\_\_ Security Code \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

Credit Card Billing Address: ☐check if same as home address

Address \_\_\_\_\_

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

**Waiver:** I understand that participating in a run or walk is a potentially hazardous activity. I confirm that I am medically able to enter this event and will abide by any decision of an event official relative to my ability to safely participate. I assume all risks associated with my participation in this event including, but not limited to: falls, contact with other participants, the effects of weather and conditions of the path. Having read this waiver, I hereby waive and release Prostate Cancer Foundation of Chicago, Chicago Prostate Cancer Center, the Village of Westmont, all sponsors, their representatives and individuals associated with the Run and Walk for Prostate Cancer Awareness from all claims or liabilities of any kind arising out of my participation in this event. I grant permission to use my name and photograph, video or any other record or my participation for promotion of the event.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Register by one of the following methods:**

1. Register online at [www.runsignup.com/prostatecancer](http://www.runsignup.com/prostatecancer)
2. Register by phone at 630-654-2515
3. Fax registration form to 630-654-2516
4. Mail registration form and payment to:  
Prostate Cancer Foundation of Chicago (PCFC)  
815 Pasquinelli Drive, Westmont, IL 60559

