





## 15K | 5K | 1M

## MEMORIAL DAY MAY 25, 2020

Drakes Creek Park, Hendersonville, TNStart and Finish Lines in the ParkSTARTING TIMES:6:30 am Opening Ceremony8:00 am 1 Mile Fun Run/Walk7:00 am 15K RUN8:45 am Awards Ceremony7:30 am 5K RUN7:30 am 5K RUN	ONLINE REGISTRATION: www.TheMemorialDayClassic.com REGISTER VIA MAIL: Cumberland Crisis Pregnancy Center P.O. Box 1037 Hendersonville, TN 37077
Event: 15K5K1 Mile Fun Run/Walk         Name         Age Date of BirthSex: MF         Address         City         State/Prov Zip/Postal Code         Phone (+area code) E-Mail Address	REGISTER AT THE HENDERSONVILLE YMCA BY MAY 20TH: 102 Bluegrass Commons Blvd. Hendersonville, TN 615-826-9622 REGISTER ON RACE DAY! It's never too late to register! Registration opens at 5:45 am RACE PACKET PICKUP: For your convenience, if your pre-registration is received by Thursday, May 21st at 5 pm, you may pick up your race packet Friday, May 22nd from 5-7 pm or Saturday, May 23rd from 10 am-Noon at the Hendersonville YMCA.
Unisex Adult T-Shirts:       S       M       L       XL       (only pre-registered by April 30th guaranteed)         Youth T-Shirts:       S       M       L       (no XL or XXL on kid sizes)       by April 30th guaranteed)	WAIVER: I, by entry into this event, release for myself and anyone on
Early Registration         May 1st         Race Day           Adult: 15k \$35, 5k \$25         Adult: 15k \$40, 5k \$30         Adult: 15k \$45, 5k - \$35           1 mile fun race/walk - \$20         1 mile fun race/walk - \$25         1 mile fun race/walk - \$25	my behalf The Cumberland Crisis Pregnancy Center, the Government of Sumner County and Hendersonville, TN, and all sponsors and anyone or other organization involved in the event, their employees, agents or representative, from all claims or liabilities of any kind of nature whatsoever arising out of my voluntary participation. I know that running is potentially dangerous and I assume all risks.
Child (12 & under) \$20       Child (12 & under) \$25       Child (12 & under) \$25         Additional Donation for CCPC         MAKE CHECK PAYABLE TO: <b>Cumberland Crisis Pregnancy Center (CCPC)</b> P.O. Box 1037, Hendersonville, TN 37077         Additional donations are welcome and all donations are tax deductible according to IRS regulations.         You can also access our online pledge program at www.TheMemorialDayClassic.com.	OFFICIAL USE ONLY Check# Amount \$ Cash Amount \$ Bib#
SignatureDate	
DR. BRIAN E KOCH SHANNON INSURANCE	Healthy Body Bakery
Image: Construction     Image: Construction     Image: Construction       Proof L Freques, surf     Image: Construction     Image: Construction	PRODUCE DISTRIBUTORS

## The Memorial Day Classic Pledge Form

Participant's Name		
Address		
	Zip	
E-Mail		
	#	

Church or Group

\* Please Print All Information and Indicate The Total Pledge Amount

\* Please use a separate form for additional sponsors as needed

## Pregnancy Center by getting sponsors?

Will you please help the Cumberland Crisis

The Cumberland Crisis Pregnancy Center will take care of all collections therefore you do not have to collect money. If sponsors want to give you the money, please collect checks only, mark "PAID" next to their names, and turn the checks in with your Sponsor Pledge Form the day of the event. Checks need to be made payable to Cumberland Crisis Pregnancy Center (CCPC) and are tax deductible according to IRS regulations. Donations are for participation, not laps completed. Please be sure your sponsors' names and addresses are accurate and complete to save the valuable time of our volunteers. ZIP CODES ARE VITAL! Please be sure YOUR NAME is on the Walk Pledge Form and that you have signed the WAIVER. Turn in your Pledge Form when you check in on Event Day.

* You can also access our online pledge program at	www.TheMemorialDayClassic.com
--	-------------------------------

First Name	First Name
Last Name	Last Name
Address	Address
City	City
StateZip	State Zip
Phone Number	Phone Number
E-Mail	E-Mail
Pledge Amount \$25 \$30 \$50 \$100	Pledge Amount \$25 \$30 \$50 \$100
\$ Other	\$ Other
First Name	First Name
Last Name	Last Name
Address	Address
City	City
State Zip	State Zip
Phone Number	Phone Number
E-Mail	E-Mail
Pledge Amount \$25 \$30 \$50 \$100	Pledge Amount \$25 \$30 \$50 \$100
\$ Other	\$ Other
First Name	First Name
Last Name	Last Name
Address	Address
City	City
State Zip	State Zip
Phone Number	Phone Number
E-Mail	E-Mail
Pledge Amount \$25 \$30 \$50 \$100	Pledge Amount \$25 \$30 \$50 \$100
\$ Other	\$ Other

TOTAL PLEDGE AMOUNT \$\_\_\_\_\_