



Everyone's a

HERO

Run. Walk or Roll

Benefiting St. Jude Children's Research Hospital
5K Run/Walk

Registration Form

First Name: _____ Last Name: _____

Age on Race Day: _____ Gender: ☐ Male ☐ Female

Email: _____ Phone: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Choose a race to enter:

☐ 5K Run ☐ 5K Walk ☐ 1 Mile Walk

T-Shirt Size (Circle One):

YL SM M L XL XXL None

Select One:

_____ \$30.00 - 15 and up online, in person, email or mail (\$40 day of)

_____ \$20.00 - 14 and under *with registered adult (\$25 day of)

_____ \$20.00 - 1 mile Fun Run

_____ \$Any - Donation Only: Amount \$ _____

_____ \$Any - Adopt-A-Runner:

Adopted Runner/Walker Name: _____

Donation/Adoption Amount: \$ _____

Amount Paid: _____ Collected By: _____