

ABC 7 Jim Gibbons 5K Run, 3K Walk & Survivors' Strut

Presented By
Hallmark & Johnson Property Management

REGISTRATION FORM

First Name _____

LAST _____

Address _____

City _____

State _____

Zip _____

Phone _____

Email _____

Male _____

Female _____

Birthdate: / / _____

I will participate in (check one)

Chicago

5k Run _____

3k Walk _____

Survivors' Strut _____

OR

Wilmette

3k Walk _____

Survivors' Strut _____

T-Shirt Size (check one)

Sm _____

Med _____

Lg _____

XL _____

Registration Fee: \$30

14 & under Fee: \$15

CARA Discounted Fee: \$28.00

CARA Membership # _____

Additional Donations \$ _____

Please consider a \$15 donation for the 15 year of this event!

Total \$ _____

Form of Payment: Cash _____ Credit card _____ Check _____

Make checks payable to: Leukemia Research Foundation

Type of card - Visa _____ Mastercard _____ American Express _____

Name on Card _____

Card Number _____

Expiration date _____

Waiver: I hereby waive all claims against the Leukemia Research Foundation, JMC Partners, event sponsors, the Chicago Park District, the City of Chicago, the Village of Wilmette, Chicago Area Runners Association or any personnel for any injury I might suffer in this event. I attest that I am physically fit and prepared for the event. I grant full permission for organizers to use photographs of me and quotations from me in legitimate accounts and promotions of the event.

Signature _____ DATE _____

Signature of parent or guardian (if participant is a minor) _____ DATE _____

Leukemia Research Foundation

3520 Lake Ave Ste., 202

Wilmette, IL 60091-1064