

C.A.T. Walk & Fun Run, Saturday, July 3, 2010

Registration Form (please print)



Tuality Healthcare Foundation

Building a healthier community.

One form per person or for teams use the the group waiver. Photocopies are acceptable. Incomplete or unsigned entries will not be accepted. On-line registration closes on **Friday, July 2, 2010** at noon for early registration fees. Early registration fees for mail entries must be postmarked by **Friday, June 25, 2010**. Late registration fees will apply the day of the event.

I will participate in the Walk Run

Last name _____

First name _____

Address _____

City/State/ZIP _____

Day phone () _____

Evening phone () _____

E-mail _____

Date of birth _____

Gender: M F

T-Shirt sizes: Children 6-8 10-12

Adults XXL XL L M S

No t-shirt

Early Registration

Entry Fees (non-refundable)

On or before Friday, June 25, 2010

\$20 Individual (12 years to adult)

\$10 Youth (4 years to 11 years)

Free (3 years and under, must register in order to receive t-shirt and participate in the walk)

\$65 Team of 4

\$90 Team of 5-8

\$25 Catnap: I am unable to attend this year, but please mail me a walk t-shirt

Enclosed is a \$ _____ tax-deductible donation payable to Tuality Healthcare Foundation.

Credit card # _____

Expiration date _____

Signature _____

Late Registration

Entry Fees / Day of Walk

After Friday, June 25, 2010

\$25 Individual (12 years to adult)

\$15 Youth (4 years to 11 years)

Free (3 years and under, must register in order to receive t-shirt and participate in the walk)

\$75 Team of 4

\$100 Team of 5-8

Employer

My company has a matching gift program.

How did you hear about the C.A.T. Walk/Fun Run?

At work Friend/Relative Mailing Website

Newspaper Radio Billboard

Other _____

Team information

Are you on a team? Yes No

Name of team or company/organization _____

Name of team captain _____

Number of people on your team _____

Recognition on Walk Day

I am a cancer survivor and would like to wear a survivor t-shirt.

Waiver

I understand and agree that I am voluntarily participating in the C.A.T. Walk/Fun Run, through the Tuality Healthcare Foundation, at my own risk and my own request. In consideration of my entry, I, for myself, my heirs, executors, administrators or anyone else who might claim on my behalf, covenant not to sue, and waive, release, and discharge any and all rights, claims or damages against the Tuality Healthcare Foundation, any and all of our sponsors, the City of Hillsboro, Washington County, suppliers, agents, employees, and any other personnel in any way assisting or connected with this event. I attest and verify that I have full knowledge of the risks involved in the event, and that I am physically fit to participate in this event. I also give permission for the free use of my name, picture and voice for publicity or promotional purposes.

Signature _____

Date _____

Must be signed by parent or legal guardian if participant is under age of 18.

Visit www.catwalkfunrun.org.

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C.A.T. Walk & Fun Run, Saturday, July 3, 2010

Group Waiver

Downtown Hillsboro
Registration: 7:00 a.m.
Kids' Dash starts at 8:00 a.m.
Event starts at 8:30 a.m.



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Foundation**

Building a healthier community.

Group or Company Name:

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Must be signed by parent or legal guardian if participant is under age of 18.

Please remember to sign for yourself.

Participant's Name	Signature of Participant or Guardian	Date	Address	E-Mail	D.O.B.	Shirt Size	M / F
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							