

READY...SET... GO!

Mary E. Smith Foundation's **9th Annual Brain Tumor Awareness 5K Fun Run/Walk**

** CORPORATE / GROUP TEAMS **

**Saturday
July 7th**

8am

**Community Park
Walk Path**

Country Club Hills, IL
60478

***Committed to winning the
fight against brain***

***We are inviting organizations, survivors &
supporters to show up in teams to
represent your organization, family or
business and advance a worthy cause!***

What are the benefits?

- Discounted registration fee for teams of 10+
- Excellent team-building opportunity before, during and after the Walk
- Prizes for teams & team captains
- Free publicity for your business/group
- Team distinguished brain tumor T-Shirts
- Tax deduction*
- Every dollar you donate goes to brain tumor research, patient support and scholarships

I want in! How could I get started?

1. Assemble a team for your group or employer & register at www.maryesmithfoundation.org. Signup Discount before **6/1/18**. All teams must be registered by **June 15th**.
2. We'll contact you to take care of the rest! -

9th Annual Mary E. Smith Brain Tumor Awareness Fun Run/Walk:
8am Saturday July 7th Country Club Hills, IL.
Walker/Runner Registration Form

Thank you for supporting the 9th Annual Mary E. Smith Brain Tumor Awareness 5K Fun Run/Walk. With your help, we can meet and exceed our 2018 fundraising goals. The registration fee is **\$25.00** before 6/1/18, **\$30 after & \$40 Onsite** at the event. All walkers (age 13 and up) must be registered. As a convenience, multiple walkers (ie. families or teams) may use a single registration as long as ALL participant names are given.

You may register your team online at www.maryesmithfoundation.org or the individual members of your team can register themselves at our website by simply choosing **TEAM PARTICIPANT** & selecting your team name. Please contact us by **June 15th** to have a **NEW TEAM** name added. Completed forms can be returned via **Email attachment** to... information@maryesmithfoundation.org ,or via **US Mail** to 20650 S. Cicero Ave. #827, Matteson, IL 60443, or via **Fax** to 708-342-0800

☐ **Indicate number of participants (please use attached sheet for additional names; include under 13's)**

Contact Name **Contact Phone**

Email **Contact Phone (alternate)**

Address **City** **St** **Zip Code**

Indicate complimentary T-Shirt quantity next to the desired sizes (one per walker)

____ S ____ M ____ L ____ XL ____ XXL* ____ XXXL*
*\$5+ *\$5+

Amount : \$ _____ (6-1/18 after \$25/30 per participant & \$25/30 if under 13 but want a t-shirt)
 \$ _____ (\$20 per participant if 10+ walkers Registered by 6/1)

Plus Sized Shirt charges \$ _____ (XXL and XXXL +\$5)

Additional Donation : \$ _____ (optional)

Grand Total : \$ _____

Payment Method: ☐ Check ☐ Money Order ☐ Credit Card

Make checks or money orders payable to Mary E. Smith Foundation. Please remit total amount to:

Mary E. Smith Foundation
 20650 S. Cicero Ave. #827
 Matteson, IL 60443

For your convenience, we accept online payments from all major credits cards and Paypal. To make on-line payment go to www.maryesmithfoundation.org or use this form to indicate credit card preference, provide account information, and signature.



Account No. _____ Expiration Date _____

Card Holder Name _____ V Code _____

Signature _____ Date _____

Thanks for your support!



9th Annual Mary E. Smith Brain Tumor Awareness Fun Run/Walk:
8am Saturday July 7th Country Club Hills, IL.
Participant Waiver & Photo Release

I know that depending on my physical ability participating in a walk may be hazardous to my health. I should not participate unless I am medically able. I agree to abide by any decision of the event officials relative to my ability to safely complete the walk. I assume all risks associated with walking in this event including, but not limited to, falls, contact with other participants, the effects of the weather, including high heat and/or humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the organizers of the Mary E. Smith Brain Tumor Awareness Walk, and all other sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event or any carelessness on the part of myself or the persons named in this waiver. Further, I grant permission to all of the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for legitimate purposes.

Walker Name (Print) _____

Walker Signature _____

Date: _____

☐ By checking this box I acknowledge the above waiver also applies to any children (Print Name) who are accompanying me & are listed below:

Thanks for your support!



9th Annual Mary E. Smith Brain Tumor Awareness Fun Run/Walk: **TEAM Registration Form must be received by June 15th*****

TEAM NAME _____ TEAM FUNDRAISING GOAL \$ _____

**Suggested minimum fundraising goal of \$250 outside of walker registration. Only \$25 per team member!*

IS THIS TEAM IN MEMORY OR HONOR OF SOMEONE? circle YES OR NO circle MEMORY OR IN HONOR

If so please clearly print the person's name* _____

*To be read during balloon release.

TEAM MEMBERS:

***Check shirt size & box if a survivor) Plus sizes are +\$5 XXL & XXXL
 *Team Members below agree that they have Read & Accept the Event Waiver.**

Check
If Child
Size

Check if
Your A
Survivor

Name _____ (print)	_____ (email)	S _ M _ L _ XL _ XXL _ XXXL _	<input type="checkbox"/>	<input type="checkbox"/>
Name _____ (print)	_____ (email)	S _ M _ L _ XL _ XXL _ XXXL _	<input type="checkbox"/>	<input type="checkbox"/>
Name _____ (print)	_____ (email)	S _ M _ L _ XL _ XXL _ XXXL _	<input type="checkbox"/>	<input type="checkbox"/>
Name _____ (print)	_____ (email)	S _ M _ L _ XL _ XXL _ XXXL _	<input type="checkbox"/>	<input type="checkbox"/>
Name _____ (print)	_____ (email)	S _ M _ L _ XL _ XXL _ XXXL _	<input type="checkbox"/>	<input type="checkbox"/>
Name _____ (print)	_____ (email)	S _ M _ L _ XL _ XXL _ XXXL _	<input type="checkbox"/>	<input type="checkbox"/>
Name _____ (print)	_____ (email)	S _ M _ L _ XL _ XXL _ XXXL _	<input type="checkbox"/>	<input type="checkbox"/>
Name _____ (print)	_____ (email)	S _ M _ L _ XL _ XXL _ XXXL _	<input type="checkbox"/>	<input type="checkbox"/>
Name _____ (print)	_____ (email)	S _ M _ L _ XL _ XXL _ XXXL _	<input type="checkbox"/>	<input type="checkbox"/>
Name _____ (print)	_____ (email)	S _ M _ L _ XL _ XXL _ XXXL _	<input type="checkbox"/>	<input type="checkbox"/>
Name _____ (print)	_____ (email)	S _ M _ L _ XL _ XXL _ XXXL _	<input type="checkbox"/>	<input type="checkbox"/>
Name _____ (print)	_____ (email)	S _ M _ L _ XL _ XXL _ XXXL _	<input type="checkbox"/>	<input type="checkbox"/>
Name _____ (print)	_____ (email)	S _ M _ L _ XL _ XXL _ XXXL _	<input type="checkbox"/>	<input type="checkbox"/>

All walkers (age 13 and up) must be registered & agree to the event waiver & photo release details. Feel free to copy this form and the attached waiver for team members to review. Waivers will also be available onsite.

Thanks for your support!

