



8:00 a.m., Saturday, October 18, 2014  
 Timed 5K, 5K/1 Mile Walk  
 Start & Finish Frontier Texas!

#### ABOUT THE RACE

Join Cancer Services Network as we **Run Together** for those who fight, fought, and hope. This annual event benefits the mission of CSN. CSN provides help to local cancer patients, survivors and their families and caregivers through direct financial assistance, educational programs, and emotional support.

#### AWARDS

Special recognition will be awarded to the overall male/female winners. The top male/female finishers in each age group will receive a metal ribbon for second and third place finish. No duplication of awards.

#### CHIP TIMING PROVIDED

##### REGISTER ONLINE!

[www.cancerservicesnetwork.org](http://www.cancerservicesnetwork.org)  
 Online Registration will close by 12 p.m.,  
 Thursday, October 16, 2014

##### ENTRY FEES

\$30	Adult Registration
\$25	Abilene Runners Club
\$15	Youth (15 & Under)
\$35	Pajamas With Purpose (support us from home)
\$75	Family of 4 (2 adults/2 youth) * \$5 each additional child
\$200	Teams of 10 **\$20 each additional

\*\*\*Race Day Registration will increase  
 \$10/person in each category

#### VOLUNTEER INFORMATION

Volunteers are critical for the success of this event. If you would like to volunteer, please call 325.672.0040.

#### T-SHIRTS

The first 400 registrants will receive a **RUN TOGETHER** t-shirt.

#### LOCATION

*Frontier Texas!*  
 625 N. 1<sup>st</sup> Street  
 Abilene, TX

#### TEAM and PLEDGE FORMS

Printable forms can be found on our website.

For more information about Cancer Services Network's **FUN RUN**, call 325.672.0040 or visit [www.cancerservicesnetwork.org](http://www.cancerservicesnetwork.org)

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE: \_\_\_\_\_ GENDER: (Circle One) M F

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

T SHIRT SIZE: YXS YS YM YL S M L XL XXL XXXL

Would you like to be recognized as a cancer survivor by receiving a purple t-shirt? Y N

Would you like to be recognized as participating to honor someone's memory? Y N

CHOOSE EVENT (circle one): Timed 5K Run 5K/1 Mile Walk Pajamas With Purpose

REGISTRATION FEE . . . . . \$ \_\_\_\_\_

MAKE CHECKS PAYABLE TO: Cancer Services Network

Mail to: P.O. Box 2026, Abilene, TX 79604

**PLEASE READ & SIGN THE BACK OF THIS FORM FOR YOUR REGISTRATION TO BE COMPLETE!**



\*ADDITIONAL FAMILY MEMBERS (If completing a family registration)

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_  
**Gender:** M F **Age:** \_\_\_\_\_ **T-Shirt Size:** YXS YS YM YL S M L XL XXL XXXL  
**Signature:** \_\_\_\_\_ **Survivor:** Y N **In Memory:** Y N

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_  
**Gender:** M F **Age:** \_\_\_\_\_ **T-Shirt Size:** YXS YS YM YL S M L XL XXL XXXL  
**Signature:** \_\_\_\_\_ **Survivor:** Y N **In Memory:** Y N

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_  
**Gender:** M F **Age:** \_\_\_\_\_ **T-Shirt Size:** YXS YS YM YL S M L XL XXL XXXL  
**Signature:** \_\_\_\_\_ **Survivor:** Y N **In Memory:** Y N

**Waiver Statement: (Must be signed)**

I know that running/walking a road race is potentially hazardous activity. I should not enter and run/walk unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the race. I assume all risks associated with running this event including, but not limited to: falls, contact with other participants, the effect of the weather, including high heat and/or humidity, traffic and the conditions of the road, all such risk 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, or anyone entitled to act on my behalf, waiver and release the organizers and all sponsors, their representatives and successors from all claims or liabilities of any kind arising regarding my participation in this event even though that liability may arise out of negligence or carelessness on the part of the person named in this waiver. I grant permission to all of the organizers/sponsors of this event to use any photographs, recordings, or any other record of this event for any legitimate purpose.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent's Signature (if under 18):** \_\_\_\_\_

