

STEPS FOR COURAGE - 5K Run/Walk

April 21, 2012



Memorial Healthcare

Auxiliary

Fifth Annual Steps for Courage 5K Run and Competitive Walk

Sponsored by the Memorial Healthcare Auxiliary



Start Time: 9:30 a.m. (Runners); 9:35 a.m. (Walkers)
Location: Memorial Healthcare, 826 W. King, Owosso
Registration: Early registration by mail ends on April 13; Mail entry to: **Steps for Courage**, 2599 Krouse Rd, Owosso, MI, 48867; After April 13, late registration fee applies. Race day registration begins at 8:00 a.m.

Packet Pick Up: Friday, April 20 from 3:00 p.m. - 6:00 p.m. (optional) Memorial Healthcare Cancer Center. (Registration also available)

Cost: Early - \$18.00 by mail. Late and Race-Day Registration \$25.00.
 Entry fee includes official race jersey (jersey not guaranteed for late and race-day registration)
New! - Family Rate - \$40 (race jerseys not included; available \$5 each)

Awards: Medals to be given to all runners and walkers; Awards to Overall & Masters in Male & Female categories. Prizes awarded to top 2 places in all age groups.

Age Groups: 14 & Under, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70-74, 75-79, 80+.

Questions? Call (989) 725-8465 / (989) 743-5045

All proceeds to go toward the Memorial Healthcare Foundation Cancer Care Fund to support cancer care services.

Chipman	Cancer Center 721 N. Shiawassee	
	H	Jennett
	M-52	Elizabeth King
	Oliver	
		M-21
	Owosso	

 Detach Here

Name: _____ Phone # (____) _____

Address: _____ City: _____ State: _____ Zip: _____

CIRCLE ONE: Runner Walker GENDER: M F AGE ON RACE DAY: ____ Shirt Size: ____
Additional Runners/Walkers (Specify Name, Gender, Shirt Size, Age, and whether Run or Walk)

Circle One
Name: _____ Gender: _____ Shirt Size: _____ Age: _____ Run or Walk
Name: _____ Gender: _____ Shirt Size: _____ Age: _____ Run or Walk
Name: _____ Gender: _____ Shirt Size: _____ Age: _____ Run or Walk

Additional participants can be written on back of registration form.

Note for Walkers: Because the walk is competitive, you cannot run at any time during the race, and you must start the race at 9:35 a.m. with the other walkers. If it is reported that any walk participant was running during the race, the participant will be moved to the run division. If you plan to run **AT ANY TIME** during the race, please register as a runner. Race timing to be conducted by the Michigan Running Foundation.

Make check payable to Memorial Healthcare Auxiliary. 1 person Early-\$18; 1 person Late-\$25;
1 family-\$40 +\$5 per jersey (if jersey desired)

Waiver: I/We hereby waive all rights and claims for myself, my heirs, executors, and assignees against Memorial Healthcare Auxiliary, the sponsors of this event, its agents, representatives, successors, and volunteers, as well as Memorial Healthcare, for any injuries or damages suffered by me or the above family members while traveling to, from or participation in this event.

 Signature (Parent or Guardian if under 18)

 Date