



**5Krunwalk**  
The Alan G. Birtch, MD, Center for  
Transplant Services at Memorial



**SOUTHWIND PARK  
SPRINGFIELD**

*Run, walk or sit back and cheer  
everyone on. All are welcome!*

## REGISTRATION FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Important:** Register before Aug. 25 to be guaranteed an event T-shirt. (Registration includes one T-shirt.)

### \$30 Registration Fee—Adults

Adult T-shirt—Unisex size (check one)

☐ Small ☐ Medium ☐ Large ☐ XL  
☐ 2 XL ☐ 3 XL ☐ 4 XL

### \$20 Registration Fee—Youth (ages 12 and under)

Youth T-shirt—Unisex size (check one)

☐ XS ☐ Small ☐ Medium ☐ Large ☐ XL

**Race Day Registration:** Add \$5 to all prices

**Payment:** ☐ Check ☐ Credit Card ☐ Additional donation to the Transplant funds \$ \_\_\_\_\_  
(May be tax deductible to the extent of the law.)

**Make checks payable to:** Springfield Memorial Foundation

Mail to: Springfield Memorial Foundation, Mail Code 61, 701 N. First St., Springfield, IL 62781

### Credit Card Information

Account #: \_\_\_\_\_ ☐ Discover ☐ MasterCard ☐ Visa ☐ AMEX

Expiration date: \_\_\_\_\_ CCV Code: \_\_\_\_\_

Billing address: \_\_\_\_\_ ZIP: \_\_\_\_\_

Name on card: \_\_\_\_\_ Signature: \_\_\_\_\_

### Waiver of Liability

As an entrant of The Alan G. Birtch, MD, Center for Transplant Services at Memorial, I release complete responsibility for any injury to me or damage to my property which may occur during this event or while I am on the premises of the event. I hereby release and hold harmless the sponsors, promoters and all other persons associated with the event or otherwise. Unregistered runners, unauthorized vehicles, bicycles, skateboards and roller skates are strictly prohibited.

CUT HERE—Keep the portion below for a reminder .....

**5Krunwalk**

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**Packet Pickup: noon – 5:30 p.m., Wednesday, Sept. 6**

\*If this date/time does not work for packet pickup, please  
contact the Foundation to coordinate an alternate time,  
foundation@mhsil.com or 217-788-4700.

Springfield Memorial Foundation office, 1000 Churchill Road,  
Springfield, IL 62702

*Registration also available online.*



For more information,  
call **217-588-2417**.

**SOUTHWIND PARK, SPRINGFIELD**

**Starting point:** HOPE PAVILION

**RAIN OR SHINE**

**Registration time:** 8 A.M.

**Start time:** 9 A.M.

*Wear weather-appropriate attire and comfortable walking shoes.*