



09/21 **2024** 

## 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 Sept. 6 to be guaranteed a	n event T-shirt. (Registration includes	one T-shirt.)	
<b>\$30 Registration Fee—Adults</b> Adult T-shirt—Unisex size (check one)	<b>\$20 Registration Fee—Youth (ages 12 and under)</b> Youth T-shirt—Unisex size (check one)		
O Small O Medium O Large O XL O 2 XL O 3 XL O 4 XL	O XS O Small O N		
Race Day Registration: Add \$5 to all prices			
Payment: O Check O Credit Card O Addition (May be tax	al donation to the Transplant funds deductible to the extent of the law.)	5\$	
Make checks payable to: Springfield Memorial Found Mail to: Springfield Memorial Foundation, Mail Code 61		81	
Credit Card Information			
Account #:	O Discover O MasterCa	rd O Visa O 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 Melocur during this event or while I am on the premises of the event. I hereby resotherwise. Unregistered runners, unauthorized vehicles, bicycles, skateboard CUT HERE—Keep the portion below for a reminder	lease and hold harmless the sponsors, promoters s and roller skates are strictly prohibited.	and all other persons associated with the event or	
run 🕅 SEPT.	Packet Pickup		
5 walk SEPT.		Wednesday, Sept. 18 Noon – 5:30 p.m.	
The Alan G. Birtch, MD, Center for Transplant Services at Memorial 2024	Carpenter Street Cor 224 W. Carpenter	nference Building Lobby	
SOUTHWIND PARK, SPRINGFIELD	For more information, o	all <b>217-588-2417</b> .	
	REGISTRATION ALSO AVA	AILABLE ONLINE.	

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.



SCAN THIS QR CODE TO REGISTER