8th Annual Colon Cancer Awareness 5k Walk/Run August 7, 2016 Warwick City Park



Registration 9:00 a.m. Walk/Run 10:00 a.m. Voices of RI Chapter Fee - \$10 up to and including July 20th - \$15 after July 20, 2016

YOU MAY REGISTER ONLINE OR MAIL IN THIS FORM

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Are you participating as part of a TEAM? If YES, TEAM NAME		Team Name			
Please Circle one:	5K Fun Walk	5K Run	Virt	ual Participa	ant
First Name:					
Last Name:					
Street:					
City, State, Zip:					
E-Mail:					
Phone Number:					
Age:					
Gender:	Male F	emale			
T-Shirt Size:					
Circle one	SM	MED	LG	X-LG	Other:
	T-shirts will be	e available on registr	ation day wh	ile supplies l	last.
Please Register by July 20, 2016					
Are you - Returning? Friend/family told you? Poster? Newspaper? Other? RELEASE FORM (all applications must be signed) I hereby waive any and all claims against the Colon Cancer Alliance, event sponsors, personnel, and all other persons, firms, corporations and/or entities or anyone associated with this event, their respectives or successors, for any injury or claims for damages that I may suffer from my participation in this event. I grant full permission for organizers to use photographs, videotapes, motion pictures, recordings or any other record of this event. Signature: Signature of parent or guardian: Date:					
Checks Payable to: COLON CANCER ALLIANCE					
Mail to: Colon Cancer Alliance. PO Box 9313. Warwick. RI 02889					

Cash_

Check _____ Check No. _