



EVENT DETAILS

SUNDAY, APRIL 24, 2016
 Independence Grove Forest Preserve, Libertyville
 9 AM Race/ 8 AM Registration
Stay and enjoy the Family Finish Line Celebration

FOR MORE EVENT DETAILS
www.ZCenter.org
 847-244-1187



REGISTRATION

All sections must be completed. One participant per form, please.

CHOOSE AN EVENT

- 5K Run/Walk 1-Mile Family Fun Run

Registration for:

- Individual Adult** (13 and over) \$25.00
 Individual Youth (12 and under) \$15.00
 Team Member Adult (13 and over) \$25.00
 Team Member Youth (12 and under) \$15.00

FILL OUT YOUR INFORMATION

First Name _____
 Last Name _____
 Street Address _____
 City _____
 State _____ ZIP _____
 Date of Birth _____ Age on 4/24 _____
 Phone _____
 Email _____
 Are you part of a team? Yes No
 Team Name _____
 I am the team contact person.

T-shirt Size (while we will do our best, we can't guarantee sizes)

- Adult S M L XL 2X
 Youth S M L

SIGN THE WAIVER

WAIVER AND RELEASE FROM LIABILITY

In consideration of the acceptance of my entry into this walking/running event, I knowingly waive the any and all claims which may accrue to me, my heirs, my estate or my assigned against all sponsors, organizers, and officials of this race including all of their agents, volunteers and employees for any damage whatsoever including injury, illness or death suffered by me at this event. I certify that I am aware of the physical stress involved in participation in this event and the consequent risk to my health, and that I have made adequate preparations to participate.

Signature: _____ Date: _____
 (parent/guardian if under 18 years)

ENTER YOUR PAYMENT INFORMATION

Registration Fee	\$
Donation	\$
TOTAL	\$
Method of Payment <input type="checkbox"/> Check <input type="checkbox"/> Credit Card (Visa/MC/Disc/AmEx) <input type="checkbox"/> Cash	
First Name (as it appears on CC) _____	
Last Name (as it appears on CC) _____	
Street Address (<input type="checkbox"/> Same as registration) _____	
City _____	State _____ ZIP _____
Credit Card # _____	
Exp. Date _____	CVV Code _____
Signature _____	

SET YOUR PLEDGE GOAL

My goal is to raise \$_____ to support **ZCenter's mission!**

Download your pledge form at www.ZCenter.org

WAYS TO RETURN YOUR FORM

MAIL YOUR FORM TO ZCenter ATTN: 5K 4275 Old Grand Ave. Gurnee IL 60031	BRING YOUR FORM TO OUR EVENT Sunday, April 24, 2016 Independence Grove Libertyville
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Please make all checks payable to
 Zacharias Sexual Abuse Center (ZCenter)