

35TH ANNUAL

RUN, WALK & eat

Sunday, June 25, 2017

1903 Wolf Creek Hwy.
Adrian, MI 49221

RETURN SERVICE REQUESTED

Non-Profit Org
US Postage
PAID
Adrian, MI
49221
Permit No. 8



RUN, WALK & eat

In Memory of Dr. Bruce Jones

Proceeds will benefit our Community Grief & Loss Services

Sunday, June 25, 2017

Blissfield High School • 630 South Lane Street • Blissfield, MI

5K Certified Run | 5K Walk | 1-Mile Fun Run

Run/Walk
Registration
7:15-8:15am

Memorial
Service
8:00am

5K Run/Walk Start
8:30am
1 Mile Fun Run Start
9:15am

Pancake
Breakfast for All
9:00-11:00am

pledge sheet

Run, Walk & Eat with your friends!

Entry Fee Waived for \$100+ in Pledges!

NAME

ADDRESS

CITY STATE ZIP

PHONE

NUMBER OF PLEDGES AMT COLLECTED — \$

Make checks payable to: **Hospice of Lenawee**
All gifts to Hospice are tax deductible

Bring your cheering section to the

Pancake Breakfast

BY CHRIS CAKES

Open to everyone!

\$8

Can be paid at event

Fun • Interactive • Delicious

Breakfast will include All-You-Can-Eat:
Pancakes • Sausage • Orange Drink • Coffee

Memory Bibs will be available if you wish to participate in honor/memory of someone special.

Thank you for supporting Hospice of Lenawee!

Proceeds will benefit our Community Grief & Loss Services.



HOSPICE of LENAWEЕ

We Carry Your Heart In Our Heart

For more information
1903 Wolf Creek Hwy.
Adrian, MI 49221 • 517-263-2323
hospiceoflenawee.org

entry form

or register online at hospiceoflenawee.org

NAME

ADDRESS

CITY STATE ZIP

EMAIL PHONE

RACE DAY AGE SEX

Awards given to first three runners in each 6-year age division for each sex!

SELECT SHIRT SIZE (Quantity limited on race day)

Youth: S M L

Adult: S M L XL 2X



EVENT FEES (Can be paid at the door)

1 Mile Fun Run/Walk — \$15

5K Run/Walk — \$30 (before or on 6-20-2017) / \$35 (after 6-21-2017)

Prices include participant's pancake breakfast and awesome tech shirt! (\$8 for each additional breakfast)

Total Registration Fee \$

of Additional Breakfasts x \$8 \$

Donation \$

TOTAL ENCLOSED \$

Make checks payable to Hospice of Lenawee

Please accept my entry in the Hospice of Lenawee Run, Walk, and Eat event. I hereby state that I have conditioned myself properly for the event in which I am entered. I waive any rights I have against the Hospice of Lenawee Run, Walk and Eat officials, sponsors, and all participating groups for damage or injuries occasioned by my participation in this event.

ENTRANT'S SIGNATURE:

X _____ Date: _____

(Parent's signature required if entrant is under 18)

PARENT'S SIGNATURE:

X _____ Date: _____