

REGISTRATION FORM
Sunday, June 21
8:00 a.m.
Rain or Shine



Mary Washington Healthcare
**Mary Washington Hospital
Foundation**

Presents

Unable to
Attend but would
like to donate?
See reverse
side.

2015 BATTLING CANCER 5K RUN/WALK

Proceeds benefit the Mary Washington Healthcare Regional Cancer Center

WWW.BATTLINGCANCERRACE.COM

Location: The Battling Cancer 5k Run/Walk will start and finish at the Carl D. Silver Health Center/ Moss Free Clinic's parking lot near the Mary Washington Healthcare Regional Cancer Center (1301 Sam Perry Blvd. Fredericksburg, VA 22401). This is a "Rain or Shine" event. No refunds will be issued.

Registration Fee:

Until Friday, June 12: \$30
After Friday, June 12: \$35

In order to register on-line, please visit
www.racetimingunlimited.org.

Deadlines: On-line registration closes on Thursday, June 18 at 8:00 p.m. Mail registrations must be received by Thursday, June 18. In-person registrations may be completed at VA Runner (1993 Carl D. Silver Parkway, Fredericksburg, VA 22401) on Friday, June 19 from 3:00 p.m. to 7:00 p.m. and Saturday, June 20, from 10:00 a.m. to 4:00 p.m.

Important information: To ensure runner safety, unregistered runners, unauthorized vehicles, bicycles, skateboards, roller skates, roller blades, the wearing of headphones, or running with dogs are prohibited on the course. Participants with strollers/ joggers must start and remain in the back. Strollers/ joggers pushing faster than 15 minute miles is not allowed.

Awards: Awards will be given to the overall top 3 males and the overall top 3 females. Awards will also be given to the top 3 males and the top 3 females in each of the following groups: 14 & under; 15-19; 20-29; 30-39; 40-49; 50-59; 60-69; 70 & over.

Race Packets: May be picked up at VA Runner on Friday, June 19 from 3:00 p.m. to 7:00 p.m. and Saturday, June 20 from 10:00 a.m. to 4:00 p.m. Packets will NOT be mailed. Remaining race packets may be picked up at the event site on Sunday, June 21.

Course: USATF Certified Course. Water will be available on the route. Restrooms will be available in the Carl D. Silver Health Center.

Race Day Registration: Runners may register at the race site the day of the race, beginning at 6:45 a.m. The fee is \$35.

Chip Timing: All runners must return the Winning Time chip to Race Timing Unlimited at the completion of the race. Runners not returning their chip will be billed \$10 and will not be allowed to compete in any other race until the chip is returned or the bill is paid.

Directions: From US-1 North: South on Jefferson Davis Hwy./US-1. After entering the City of Fredericksburg, turn right onto Mary Washington Blvd., turn left onto Sam Perry Blvd. Clinic is on the right at 1301 Sam Perry Blvd., Fredericksburg, VA 22401.

Name: _____ Address: _____
City: _____ State: _____ Zip: _____ E-mail: _____
Phone: _____ Age: _____ Date of Birth: _____ Gender: _____ M _____ F

In consideration of the foregoing, I, my executors, and administrators, waive and release any and all rights and claims for damages I may have against Mary Washington Hospital Foundation, Mary Washington Hospital, Mary Washington Healthcare, and any sponsors, supporters, actions whatsoever in any manner as a result of my or my child's participation in this event and that my medical condition to do so has been verified by a licensed medical doctor. I have read the above conditions and accept them as shown by my signature.

Signature (Parent Signature if under 18) _____
Date _____

Fee: \$30 _____
\$35 _____ (After Friday, June 12)
T-Shirt Size: _____ S _____ M _____ L _____ XL _____ XXL _____ No Thanks

T-Shirts guaranteed only until Friday, June 12

I would also like to make a donation to the Mary Washington Healthcare Regional Cancer Center in the amount of:

_____\$5 ____\$10 ____\$25 ____\$50 ____\$100 Other _____

____ Check enclosed _____ Visa _____ MasterCard _____ American Express _____ Discover _____
Credit Card #: _____ CUV#: _____ Exp. Date: ____/____(MM/YY)

Name on card: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

Cardholder Signature: _____

Please send registration forms and checks to:
Mary Washington Hospital Foundation
2600 Mary Washington Boulevard Fredericksburg, VA 22401

Please reference on check: Battling Cancer 5K
Questions, please call: 540-741-1512

Race # _____
(for internal use)

On behalf of Mary Washington Hospital Foundation and all families battling cancer, thank you for your support!

DONATION FORM



Mary Washington Healthcare
**Mary Washington Hospital
Foundation**

Thank you for supporting the

2015 BATTLING CANCER 5K RUN/WALK

Proceeds benefit the Mary Washington Healthcare Regional Cancer Center

WWW.BATTLINGCANCERRACE.COM

Please accept my donation to the Mary Washington Healthcare Regional Cancer Center
in the amount of \$ _____

_____ Visa
_____ MasterCard
_____ American Express
_____ Discover
_____ Check

Credit card #: _____

Exp. date: ____/____ (MM/YY) CUV #: _____ (3 or 4 digit number on the back of your credit card)

Name on card: _____

Billing address: _____

City: _____

State: _____ Zip code: _____

Telephone: _____

Cardholder signature: _____ Date: _____

Please send registration forms and checks to:

Mary Washington Hospital Foundation.

2600 Mary Washington Blvd., Fredericksburg, VA 22401

Please reference on check: Battling Cancer 5k

*On behalf of Mary Washington Hospital Foundation and all families
battling cancer, thank you for your support!*