

WRIGLEY START EARLY 5K/10K RUN AND 5K PLEDGE WALK OFFICIAL REGISTRATION FORM

One form per participant (photocopies accepted). Please print clearly and fill out the form completely and **SIGN AT THE BOTTOM. UNSIGNED ENTRIES WILL NOT BE ACCEPTED.** There are no refunds. Mailed entries must be post-marked by **FRIDAY, APRIL 10, 2009.** A credit card number must be provided if you are participating in the 5K and 10K chip-timed runs, regardless of your method of payment. **SIGN UP EARLY. YOU MUST PRE-REGISTER BEFORE THE DAY OF THE EVENT TO BE CHIP-TIMED. NO CHIP-TIMED REGISTRATIONS WILL BE ACCEPTED ON RACE DAY.**

I am registering for: 10K RUN 5K RUN 5K PLEDGE WALK KIDS DASH (Ages 8 and under)

5K & 10K CHIP-TIMED RUNS:	\$35 PRE-EVENT	NO RACE DAY REGISTRATION FOR CHIP-TIMED RUNNERS!
5K & 10K FUN RUNS:	\$30 PRE-EVENT	\$35 RACE DAY
5K PLEDGE WALK:	\$20 PRE-EVENT	\$25 RACE DAY
5K CHIP-TIMED RUN (AGES 9-14):	\$10 PRE-EVENT	NO RACE DAY REGISTRATION FOR CHIP-TIMED RUNNERS!
5K FUN RUN (AGES 9-14):	\$10 PRE-EVENT	\$10 RACE DAY
KIDS DASH (8 AND UNDER):	FREE	FREE RACE DAY

ALL CHILDREN MUST BE ACCOMPANIED BY AN ADULT DURING THE EVENT AND ALONG THE COURSE ROUTE.

_____				_____				
First Name				Last Name				

Address								
_____				_____		_____		
City				State		Zip Code		
_____				_____				
Home Phone				Work Phone				

E-Mail								
_____	_____	_____	_____	_____	_____	_____	_____	
Sex	Birthdate	Age on 4/18/09	YOUTH	S	M	L	XL	
				Preferred Shirt Size				XXL

TEAMS: (At least 3 runners) Please submit registration forms together.

Team Name _____ Open Team Team Corporate

How did you hear about this event?

Magazine/Newspaper Friend/Co-worker/Relative Television Radio Mailing Posters E-Mail Other Event
 Other _____ Website _____

I am enclosing a payment of: \$ _____ Make checks payable to Prevent Child Abuse America and mail to 2221 W. 43rd Street Chicago, IL 60609 by FRIDAY, APRIL 10, 2009

I am paying by credit card: VISA MASTERCARD AMERICAN EXPRESS Expiration Date: _____ (Please Note: a \$2.65 service fee will be added.)

Credit Card Number: _____

A credit card number must be provided if you are participating in the 5K and 10K chip-timed runs, regardless of your method of payment.

FAX CREDIT CARD APPLICATIONS to Chicago Special Events Management at 773.523.6760 by WEDNESDAY, APRIL 15, 2009, AT NOON.

WAIVER - I know that running and/or walking a road race is a potentially hazardous activity. I should not enter and run or walk unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the course. I assume all risks associated with running and walking in this event, including but not limited to: falls, contact with other participants, the effects of the weather, including low temperatures and/or wind chill, traffic and conditions of the road. All such risks being known and appreciated by me. Having read this waiver and in consideration of this entry, I hereby for myself, heirs, executors and administrators waive any and all claims I may have for damages against Wm. Wringle Jr. Company, Voices for Illinois Children, Prevent Child Abuse America, Prevent Child Abuse Illinois, Chicago Running and Special Events Management Inc. dba Special Events Management, City of Chicago, Chicago Park District, Lincoln Park Zoo, all government municipalities, all sponsors and individuals associated with the event, their representative and successors, and assigns for any and all injuries suffered by me in connection with this event, including pre and post race activities. I hereby grant permission to CSEM and its authorized agents to use my name and photographs, videotapes, motion pictures, recording or any other record of my participation in this event for any purpose. There will be a \$30 fee for all returned checks. Sorry no refunds. Unsigned entries will NOT be accepted.



The course map is offered to give a general idea of the race course and is not designed to scale.

OFFICE USE ONLY

Bib # _____
 Adult Reg. Fee \$ _____
 Child Reg. Fee \$ _____
 Donation \$ _____
 Total Collected \$ _____
 Processor Initials _____
 Pmt Type _____



Participant's Signature

Date

If under 18, Parent's Signature

Date

All runners and walkers are asked to collect their sponsor donations in advance, to be turned in upon registration. **THANK YOU.** For information, call **Chicago Special Events Management** at **773.868.3010**. Please make checks payable to **Prevent Child Abuse America**. Bring your sponsorship money with this form to pre-registration locations or the registration tent on **Saturday, April 18, 2009**.



Donor's Name	Mailing Address + City, State, Zip	Phone	Donation Amount	P A I D	Corporate Matching Gift ¹ Amount <i>(if applicable)</i>
1. My Own Gift	-----		\$	✓	\$ ----- Name of Company
2.	-----		\$		\$ ----- Name of Company
3.	-----		\$		\$ ----- Name of Company
4.	-----		\$		\$ ----- Name of Company
5.	-----		\$		\$ ----- Name of Company
6.	-----		\$		\$ ----- Name of Company
7.	-----		\$		\$ ----- Name of Company
8.	-----		\$		\$ ----- Name of Company
9.	-----		\$		\$ ----- Name of Company
10.	-----		\$		\$ ----- Name of Company

Total	\$
Total with matching gifts	\$
GRAND TOTAL	\$

All contributions are tax-deductible. Your cancelled check (up to \$250) is your receipt.
¹ Your gift and the contributions you collect may be eligible for matching gifts from your employer. Please check with your benefits administrator to determine eligibility.