



STRIDES FOR STARS 5K WALK/RUN

Registration Form

Join us on **Saturday, April 24, 2010** at 9 a.m. for a 5K Walk/Run to benefit STARS, our community's free grief support program for children who have experienced the death of a loved one.

Course: The course begins and ends at Dixie Heights High School, 3010 Dixie Highway, Edgewood, KY 41017-2384.

Parking: Parking will be available in the parking lot of Dixie Heights High School.

Registration Includes: Entry, race promotional items, eligibility to win prizes and awards, and the opportunity to honor the memory of someone who was special to you and your family.

Race Day Registration: Registration begins at 7:30 a.m. at Dixie Heights High School. Pre-registration on-line or by mail.

Complete details: www.stridesforstars.com

Awards will be presented immediately following the walk/run.

Awards: Run Division: (Male and Female)
30 and younger, 31-55, 56/over

Awards: Walk Division: (Male and Female-Individual)
Business Team with Most Walkers
Business Team with Most Dollars Raised
Church Team with Most Walkers
Church Team with Most Dollars Raised
School Team with Most Walkers
School Team with Most Dollars Raised
"Memorial" Team with Most Walkers
"Memorial" Team with Most Dollars Raised

STRIDES FOR STARS ENTRY FORM

Form a STRIDES FOR STARS Team!

Walking in memory or honor of a loved one makes the **STRIDES FOR STARS WALK/RUN** more enjoyable and meaningful. Forming a team with your family, friends, co-workers, club, church or school offers an opportunity to increase involvement and community exposure.

Just get five or more people to walk and pick a captain. Feel free to create shirts, hats or banners promoting your team. We will send team captains information on recruitment and donation forms or the forms can be downloaded from our website at www.stridesforstars.com. Your team can secure pledges or donations. All monies are to be turned in at registration for the **STRIDES FOR STARS WALK/RUN**.

_____ Yes, I am interested in participating in the **STRIDES FOR STARS 5K WALK/RUN**.

_____ \$ 20 per walker/runner (pre-registered... received by April 16)

_____ \$ 25 per walker/runner (late registration or on race-day... after April 17)

_____ \$ 60 for Family of Four (pre-registered... received by April 16)

_____ \$ 75 for Family of Four (late registration or on race-day... after April 17)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Age (as of 4/24/10): _____ Sex: **M** **F** Race: **Run** **Walk**

Are you part of another team or organization? _____ yes _____ no

Name of your organization or team: _____

How did you learn of our event? _____

Relevant medical conditions: _____

Signature _____ Date _____

Parent or guardian signature (for entrants under age 18) _____ Date _____

In case of medical emergency, contact: _____ Phone (_____) _____ or put "at race"

Make checks payable to:
STRIDES FOR STARS/St. Elizabeth
Healthcare Foundation

Mail to:
STARS St. Elizabeth Healthcare Foundation
1 Medical Village Drive
Edgewood, KY 41017

In consideration of the acceptance of my entry, I hereby waive on behalf of my heirs, executors and assigns, all claims of any nature arising from my participation in the **STRIDES FOR STARS WALK/RUN** and do hereby release USATF, STARS, St. Elizabeth Healthcare, City of Crestview Hills, Dixie Heights High School, the Kenton County School Board, all sponsors, workers, officials and volunteers from any claim whatsoever arising from my participation in this event. I agree to abide by all the rules for participation and acknowledge that the Race Committee may refuse or return my entry at its discretion. I understand the risks of such a walk/run and have trained adequately in preparation.