

Second Wind Lung Walk: 5 K Race & Walk
October 16, 2010
Forest Park Visitor's Center
8:00 am registration
9:00 am start-time

PARTICIPANT REGISTRATION FORM

Please use a separate form for each participant

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Home (____) _____ Work: (____) _____

Email: _____

Age on walk day _____ Female _____ Male _____

Employer: _____

City/State/Zip _____ Phone: _____

____ Enclosed is my \$20.00 early registration. Received by October 1, 2008 guarantees shirt size.

Adult sizes: ____S ____M ____L ____XL ____XXL

Youth sizes: ____M ____L

____ \$25.00 the day of the race. T-shirt is not guaranteed.

____ My Company has a matching gift program and I have attached the form.

Please register me for: ____5K race ____5 K walk ____1 mile fun walk ____I'm just here for the t-shirt

I will be participating in honor of or memory of: _____

I will participate as ____an individual ____a member of a team

____I'm not available the day of the walk but would be interested in helping in other ways. Please contact me.

Team Name: _____

Team Captain: _____

My personal fundraising goal is: \$ _____ My Team's goal is: \$ _____

____I am unable to participate, please accept my contribution of: \$ _____

Second Wind Lung Walk Waiver

I hereby waive all claims against the St. Louis Second Wind Lung Transplant Association, sponsors, or any personnel and agencies connected with this event for any injury I might suffer in this event. I grant full permission for Second Wind to use photographs of me and quotations from me in legitimate accounts and promotions of this event.

Signature _____ Date _____

____ Date _____

Parent Signature required for participant less than 18 years of age.

Please send this form and a check made payable to Second Wind Lung to:

•LUNG WALK •1708 San Simeon Way • Fenton, MO 63026