



Memorial Weekend 5k/10k Fun Run

Saturday, May 24th, 2014

A Fun Run to remember those that are gone but not forgotten

Start Time: 9:00 am (Registration begins at 8:00 am)

Course: Bill Chipman Palouse Trail

- Run begins at Toyota of Pullman
- 2 Routes: 5k out & back towards Moscow
10k out & back towards Pullman

Registration: A late registration fee will be added to all entries received *after May 14th*. Entries will be accepted by mail, via Willow Center volunteer, or prior to race on May 24th.

"Remembering those that are gone but not forgotten"

Presented By:



Benefitting: Willow Center for Grieving Children

Other Event Sponsors:

Major Sponsor: Pullman Regional Hospital

Supporting Sponsors: Toyota of Pullman, Allegra Print and Imaging

Memorial Day is a day of remembering the men and women who died while serving our country, as well as others whom we have loved that have died. This is a fitting time to support an organization that cares for grieving children and families in our community; all proceeds benefit the Willow Center for Grieving Children.

"So no child has to grieve alone..."

DETACH AND RETURN LOWER PORTION TO THE WILLOW CENTER. PLEASE PRINT CLEARLY.

2014 MEMORIAL WEEKEND 5K/10K FUN RUN ENTRY FORM

Participant Name: _____ Gender: _____ Age: _____

Parent/Guardian Name: _____

Address: _____ City: _____

State: _____ ZIP: _____ Phone: _____

Email: _____

Race Distance: ☐ 5K ☐ 10K

Check one (non-refundable): ☐ Entry Fee \$20 ☐ Entry Fee without Shirt \$15

A late registration fee of \$5 will be added for all entries received after May 14th.

T-Shirt Size: (Circle Adult Unisex Size) S M L XL XXL

Youth T-Shirt Size: M L

Additional Donation to the Willow Center: _____

Total Enclosed: \$ _____



Waiver of Liability:

I waive and release all rights and claims against the Willow Center, Inc., run sponsors, Trail managers and their affiliates, officers, agents, representatives and volunteers for any and all injuries, losses, and/or damages suffered while traveling to and from or participating in this event. I assume complete responsibility for any loss or damage to my personal possessions during the event. I verify that I am physically fit and sufficiently trained to participate in this athletic event.

My signature below indicates that I have read in entirety, understand completely, and agree to the terms of this waiver. If signing for a minor child (under the age of 18 years of age) I declare that I am the legal parent/guardian of the participant named above.

Signature (of parent/guardian if under 18 on race day): _____ Date: _____

Make Checks Payable to: Willow Center Mail Entry and Fee to: Willow Center, Inc. P.O. Box 1361, Lewiston, ID 83501