



Official Registration Form

Or register online at www.heathersraceforhope.com

One form per entrant, copies are acceptable. All registrations MUST be signed. The event will occur rain or shine. We reserve the right to cancel in extreme circumstances. In that event, there will be no refunds and your entry fee will be used as a donation to Hope Cancer Resources. All pre-registered participants will receive a T-shirt. Goody bags are guaranteed for the first 300 adults and the first 100 youths. Additional T-shirts will be available on a first-come basis after pre-registration deadline.

Name Last: _____ First: _____ MI: _____		Are you a cancer survivor?				
		Yes			No	
Date of Birth: _____			Sex: M F		Age on 5/5/12: _____	
Address: _____				Phone: _____		
City, State, Zip: _____						
Email: _____				Where did you hear about this event?		
Shirt: Specify Adult or Child <i>Sizes only guaranteed thru 4/20/12</i>		XS (Child Only)	S	M	L	XL XXL or XXXL (must pre-register)
<input type="checkbox"/> 10K Run <input type="checkbox"/> 5K Run <input type="checkbox"/> 5K Walk <input type="checkbox"/> Family Fun Walk <input type="checkbox"/> Kids Race (under 12)						
You must complete team information to be listed as a member of a team. Team registrations are due by April 20, 2012.						
Team Name: _____ Team Captain: _____						
<p>Release: I know that running and volunteering to work in races are potentially hazardous activities. I should not enter and run in this race 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 run. I assume all risks associated with running and volunteering to work in races including, but not limited to falls, contact with other participants, the effects of the weather, including high heat and/or humidity, the conditions of the road and traffic on the course, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the Heather Ridley-Fleeman Battle for Hope, Hope Cancer Resources, Bentonville Schools, ArkansasRunner.com, and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in the race and/or event activities even though liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I grant permission to all the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose.</p>						
Signature: _____					Date: _____	
Parent Signature if under 18 years: _____					Date: _____	
Make checks payable to Hope Cancer Resources and mail to 5835 W. Sunset, Springdale, AR 72762 Check out the event website at www.heathersraceforhope.com .						

<p>Registration Fees</p> <p>Adults: \$20 Pre-registered; \$25 April 20-May 4; \$30 Day of Event</p> <p>Kids (12 and under): \$10 Pre-registered; \$15 April 20-May 4; \$20 Day of Event</p> <p>Registration Fee: _____</p> <p>Tribute Sign(s): # _____ @ _____ 1 - \$50; 2 - \$75; 3 - \$125 (due by 4/20)</p> <p>In Memory of / In Honor of (circle one) _____</p> <p>Given by _____</p> <p>Prize Tickets: _____</p> <p>Donations: _____</p> <p>Total enclosed: _____</p> <p><input type="checkbox"/> My Employer will match my donation.</p> <p>Employer: _____ Phone: _____</p>	<p>Method of Payment</p> <p><input type="checkbox"/> Check <input type="checkbox"/> Visa</p> <p><input type="checkbox"/> Cash <input type="checkbox"/> MasterCard</p> <hr/> <p>Card Number _____</p> <hr/> <p>CCVC _____ Exp. Date _____</p> <hr/> <p>Signature _____</p>
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