

HEALTHIER YOU ST. JOSEPH'S



Saturday, January 27, 2018

Benefitting
St. Joseph's Cancer Institute

Kick off the New Year right by making a pledge to your health with friends, family, and co-workers. Let's salute to an active and healthy 2018!

Events and Start Times:

Early Packet Pickup – Friday, January 26, 12-6 p.m. at Fleet Feet Sports, Stockton

Race Day Registration/Check-in – 7:45 a.m. – 8:45 a.m. at University Park (near 782 E. Harding Way)

5K Run/Walk – 9:00 a.m. start at University Park

Health Expo – 7:45 a.m. through conclusion of event at University Park

Recovery Bar – Conclusion of race at University Park

Entry Fees:

\$35.00 - By January 12, 2018

\$40.00 - After January 12, 2018

\$10.00 - Youth age 12 or under

Registration:

Online at StJosephsCares.org/FunRun

OR, Mail this form to:

St. Joseph's Foundation

PO Box 213008, Stockton, CA 95213-9008

Payment Information:

Make checks payable to **St. Joseph's Foundation**

Questions? Contact:

Lindsay Bureaux, 209.461.3338

Lindsay.Bureaux@DignityHealth.org

Course Description:

Easy, flat 5K course through University Park

Awards:

Medals to top 3 in each age division

Top overall Male & Female

Drawing for ALL participants

First Name (print): _____
Last Name (print): _____
Team Name (if applicable): _____
Address: _____
City: _____ St: _____ Zip: _____
Email: _____
Phone: _____ Age on 01/27/18 _____
Circle: M F Date of Birth: M/D/YR _____
T-Shirt* Size: Adult S M L XL XXL (Circle One) Youth S M L
*T-shirts are only guaranteed if you register by January 12.
For Payroll Deduction (Employees Only): Lawson ID: _____

I'd like to make an additional gift in support of St. Joseph's Cancer Institute.

I would like to set up a monthly recurring donation of \$ _____.

I would like to make a one time gift of \$ _____.

I cannot participate, but please accept my donation of \$ _____
to support St. Joseph's Cancer Institute.

Waiver: In consideration of this entry application, I hereby, intending to be legally bound for myself, my heirs, executors, and administrators, waive and release any and all rights and claims or damages I may accrue against the persons or organizations affiliated with this event (including St. Joseph's Medical Center, On Your Mark Events, and any and all sponsors) for any and all injuries that may be suffered by me at or en-route to or from the event. I attest that I am physically fit and sufficiently trained for this event. As part of the waiver I acknowledge that I have read and understand all of the above.

Signature (Parent if under 18) _____ Date _____