

FUN RUN 2019



Dignity Health
St. Joseph's Medical Center

PRESENTED BY Pacific
HomeCare
Services

Saturday, January 26, 2019 University Park, Stockton

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 2019!

Events and Start Times:

Early Packet Pickup – Friday, January 25, 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)

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

5K Run/Walk – 9:00 a.m. start at University Park, Recovery Zone at finish line

Entry Fees:

Community Member

\$35 - By January 11, 2019

\$40 - After January 11, 2019

\$10 - Youth age 12 or under

Registration:

Online at StJosephsCares.org/FunRun

OR, Mail this form to:

St. Joseph's Foundation

1800 N. California St., Stockton, CA 95204

Questions? Contact:

St. Joseph's Foundation

209-467-6347

SJFSJ@DignityHealth.org

Course Description:

Easy, flat 5K course through University Park

Awards:

Medals to top 3 in each age division

Top overall Male & Female

First Name (print): _____

Last Name (print): _____

Team Name (if applicable): _____

Address: _____

City: _____ St: _____ Zip: _____

Email: _____

Phone: _____ Age on 01/26/19 _____

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 11.**

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 _____ Date _____

(If under age 18, parent or legal guardian must sign.)