



Saturday, January 25, 2020 University Park, Stockton

Benefiting St. Joseph's Cancer Institute

Kick off the New Year right by making a pledge to your health with friends, family, and co-workers.

The Fun/Run Walk for Wellness, presented by Pacific Homecare Services, is a family-friendly, community event. The morning includes a vendor expo, massages, a recovery zone, superheroes for the kids, and more.

Let's salute to an active and healthy 2020!

Events and Start Times:

Early Packet Pickup – Friday, January 24, 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:

\$35 - By January 10, 2020
\$40 - After January 10, 2020
\$10 - Youth age 12 or under

Registration:

Online at StJosephsCares.org/FunRun OR,
Mail this form to:
St. Joseph's Foundation of San Joaquin
1800 N. California St., Stockton, CA 95204

Questions? Contact: St. Joseph's
Foundation of San Joaquin
SJFSJ@DignityHealth.org
(209) 467-6347

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 01/25/20 _____
 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 10.**

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

I would like to set up a monthly reoccurring 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.

Please charge my Visa M/C AMEX Discover \$ _____ total.
 Name on Card _____
 Card Number _____ Exp. Date _____
 Signature _____ CW Code _____

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.)