

Christian Amputee



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Support Team

## Official Registration Form for Run, Walk & Roll Benefit

**Each Early Bird registrant will receive an event T-shirt.  
Early Bird Registration ends on April 5, 2010.**

**Event Date: Saturday April 10, 2010**

**Times: Late Registration: 7:45am**

**Registration Fee: \$15 Early Bird Fee (thru April 5th)  
\$20 Regular Fee (after April 5th)  
(Disabled scholarships available)**

**Mile Fun Run: 8:30am**

**5K Run: 9:30am**

**Health Fair: till 12:00**

**Location: Providence Baptist Church  
2807 Lee Road 166  
Opelika, AL 36804**

**Contact: Woody Thornton**

**334-332-8411**

**woody@castministries.org**

**Participants may run, walk or use a wheel chair for either event.**

**5K Awards will be presented to the top 3 male and top 3 female finishers in each of the age categories as well as the top overall male, female, & disabled 5K finisher's. All participants will be presented with a ribbon for either the 5k or 1 mile fun run. Each mile is marked.**

### Participant Information

**Important:** *Each Participant or guardian must fill out and sign their own form.*

**Name:** \_\_\_\_\_ **Phone #'s:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_ **Zip:** \_\_\_\_\_

**Registration for:** 5K or 1Mile **Physical Disability:** Yes or No

**Sex:** M F **Age on race day:** \_\_\_\_\_ **Disabled Scholarship needed:** Yes or No

**(Circle one)** 8 & Under 9-12 13-19 20-29 30-39 40-49 50-59 60-69 70 & Over

**T-shirt size (circle one):** (Youth M) (Youth L) S M L XL XXL

*In consideration of acceptance of this entry, I hereby waive any and all claims for myself and my heirs against CAST Ministries, Inc and any other sponsors and officials involved in the Run, Walk & Roll Benefit for the Christian Amputee Support Team, for injury or illness that may result directly or indirectly from my participation in this race. I further state that I am in proper physical condition to participate in this race.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Guardian:** \_\_\_\_\_ (if under 18 years old)

**Make checks payable to: CAST Ministries, Inc 1157 Elkins Drive Auburn, AL 36830**  
*All proceeds will go to the Christian Amputee Support Team; a 501(c)(3) non-profit organization.*