



# St. Jude Children's Research Hospital Trick-or-Treat 5k and Fun Run Fundraiser 2017 Registration Form

**Event Date:** Saturday, October 28, 2017

**Event Location:** Town Creek Indian Mound, 509 Town Creek Mound Road, Mt. Gilead, NC 27306

**Please select one:**

**ADULT:** 5k (\$20 registration fee)       **CHILD:** Fun Run (\$10 registration fee)  
Parent/Guardian Name: \_\_\_\_\_

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **MI:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

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

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Gender (M or F):** \_\_\_\_\_

Youth S (6-8)       Youth M (10-12)       Youth L (14-16)

Adult S       Adult M       Adult L

**T-shirt Size (Select one):**  Adult XL       Adult 2XL       Adult 3XL

## Payment Information:

- Cash and checks are acceptable. All checks should be made payable to St. Jude Children's Research Hospital.
- **By mail:** Mail registration form and payment to Dusty Roberts at 897 McKay Hill Road, Mount Gilead, NC 27306 by Saturday, October 21 if possible.
- **By email:** Email registration form to [dustyroberts94@yahoo.com](mailto:dustyroberts94@yahoo.com) by Saturday, October 21 if possible. Bring payment on day of event.
- **Late registrations** (e.g., day of event) are also welcome. We encourage pre-registration to help us place a more accurate t-shirt order.
- All proceeds will go to benefit St. Jude Children's Research Hospital.

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

**Thanks for your support of the lifesaving mission of St. Jude Children's Research Hospital!**