



Saturday, September 29, 2018

Help Mercy CCPC Provide: Mercy in Time of Need, Grace for Today, & Hope for the Future. **5K: 9 AM Start, Walkers begin immediately after runners start**
If you are unable to participate on September, 29, walk on your own and send sponsor form to Mercy CCPC.

SPONSOR PLEDGE FORM

Walker's Name _____

Donations under \$15.00 should be collected by the Walker. You do not have to collect larger amounts. We can bill your sponsors. If your sponsor wants to pay you, mark the PAID box, enter the amount and turn the money in with your form.

There is no limit to the amount you can raise!

Wyomissing Trails: The race will begin & end at the Quarry Soccer Fields, 2001 Old Wyomissing Rd, Wyomissing, PA 19610.

The fields are located behind the Wawa on the corner of Museum Rd & Lancaster Ave in Shillington. If using a GPS, please use:

100 W. Lancaster Pike, Wyomissing, PA 19610

Registration Cost: Before Sept 10: Individuals \$25, Family (4 individuals) \$75. Registration Cost After Sept 10: Individuals \$30. Family \$80

Name _____ Address _____ City, State, Zip _____ <input type="checkbox"/> \$100 <input type="checkbox"/> \$50 <input type="checkbox"/> \$35 <input type="checkbox"/> \$20 <input type="checkbox"/> \$15 Other _____ <input type="checkbox"/> Paid <input type="checkbox"/> Add to mailing list	Name _____ Address _____ City, State, Zip _____ <input type="checkbox"/> \$100 <input type="checkbox"/> \$50 <input type="checkbox"/> \$35 <input type="checkbox"/> \$20 <input type="checkbox"/> \$15 Other _____ <input type="checkbox"/> Paid <input type="checkbox"/> Add to mailing list
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WALKER REGISTRATION

Please Print

Name _____
 Address _____
 City, State, Zip _____
 Phone _____ Church _____
 E-Mail: _____

Shirt Size: Youth: S, M, L (Circle One)
 Adult: S, M, L, XL (Circle One)

Contact: Brittany May at MercyCCPCEvents@gmail.com with any questions.

DETACH & MAIL TO:

Mercy Community CPC
 105 S. 5th Street
 Reading, PA 19602

Mercy Waiver for Sponsor Forms:

I recognize that an element of risk accompanies any physical activity and I agree to allow the staff and volunteers of Mercy Community CPC to secure medical treatment for me in the event of an injury, to hold the Officers, Board, Staff, and Volunteers of the center blameless, and to submit any dispute to arbitration. I, for myself and anyone entitled to act on my behalf, including heirs and assigns, waive and relieve Mercy Community CPC, sponsors, prize donors, townships, cities, school districts, churches, and any other parties connected with this event in any way together with their respective successors and assigns from all claims of liabilities of any kind arising out of my participation in Mercy Community CPC's 5K/Walk for Life even though such person named in this waiver. I give my permission to Mercy Community CPC to use my name and any photographs of me that are made during this event.

Date _____ Signature _____

Minors must have signature of a parent or guardian