



RUNNING WITH THE BULLS 5K RUN/WALK



The Neuroblastoma Children's Cancer Society presents The Michael James Sexton Memorial "Running With the Bulls" Certified Course 5K Run/Walk!

Saturday, September 10, 2011 • 9 AM Race Start

Busse Woods Groves 5-16. Free parking available at Busse Woods.
Enter on Higgins (Rt. 72), first entrance west of Arlington Heights Road.

Register today at www.signmeup.com/77417.



Prizes to Top 3 Male & Female Runners • Top Pledges • Raffle!

Yes! I want to help The Neuroblastoma Children's Cancer Society fund research for new treatments in the fight against neuroblastoma and provide support for patients and their families.

_____ Adult Entry Fee – 5K Run/Walk: \$25 Advance; \$30 Day of Event*	\$ _____
First 200 adult runners receive t-shirts S M L XL XXL	
_____ Child (age 3-16) Entry Fee – 5K Run/Walk – \$15	\$ _____
_____ Pledge/Sponsors Sponsors for \$500, \$1,000, or \$2,500 Will be recognized in press release/t-shirts Pledges of \$120 or more are eligible for prizes!	\$ _____
_____ I would like to make a tax deductible contribution	\$ _____
TOTAL	\$ _____



Appearance by
**Benny
the Bull**

**Register by September 5th and
receive a raffle ticket towards
Bulls Tickets • Chicago Bulls
Autographed Basketball •
Other Bulls Prizes**

For All Donations:

My name is _____

Address _____

City _____ State _____ Zip _____

Telephone (_____) _____

Registration and packet pickup at Dick Ponds Athletics, Inc., 927 S. Roselle Road, Schaumburg
September 8 and 9 from 10 AM to 8 PM and day of event at 8 AM at Busse Woods site.

Waiver and Release: In consideration of acceptance of this entry, I hereby acknowledge that there are certain risks inherent in participation in this event and hereby assume such risks. I hereby forever discharge and release NCCS, the Cook County Forest Preserve, JMC Partners, and all sponsors of the run/walk from any liability claims, demands and causes of action whatsoever arising out of or related to death or any injury, which may be sustained by me as a result of my participation in this event and I voluntarily assume all risks and hazards. This waiver and release binds me, my heirs, next of kin and executors. I grant my permission to use my name and any photographs, video or any other record of my participation for any reasonable purpose.

Signature of participant/parent or guardian if under age 18

Please return this completed form and your payment to:
The Neuroblastoma Children's Cancer Society
P.O. Box 957672 Hoffman Estates IL 60195 (847-605-1245)
www.neuroblastomacancer.org

