



# Memorial Run

- Proceeds will help Pinellas Hope with housing and support services for the homeless
- Tee-Shirts provided for all registrants and trophies awarded for 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> place finishers.
- Sponsors include DB Audio Solutions and Papia & Watson Chiropractic Clinic
- For information about sponsorship opportunities or to volunteer, call Stefanie at 727.572.4355



**CALVARY CATHOLIC CEMETERY**  
 5233 118th Avenue N. | Clearwater FL 33760 | [www.calvarycemetery.net](http://www.calvarycemetery.net)

**After completing the registration forms, please forward them with your check to Stefanie at the above address.**

### Memorial Run Registration

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Select Tee-Shirt: Adult Size S M L Child Size S M L

Registration Fee: Adults (18+) \$35.00 Youth (9-17) \$15.00  
 Amount Enclosed: \_\_\_\_\_ Check No. \_\_\_\_\_  
 Authorized Charge Information: V MC D AMEX  
 Card No. \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Billing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

### Kids' Fun Run Registration

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Select Tee-Shirt: Child Size S M L

The Kids' Fun Run is open to children between the ages of 4 and 9. There is no registration fee or charge for this event. Parents or legal guardians of participants in the Kids' Fun Run are required to be on site and supervise their children at all times and accept the liability waiver below.

I have been informed and fully understand that my participation in the Memorial Half Marathon described herein may expose me to certain foreseeable and unforeseeable risks of damage and/or bodily injury, including serious bodily injury, where I may need to be hospitalized. I knowingly, freely and voluntarily assume all risks and engage myself in the participation of these activities.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Parent or Guardian (If under 21) \_\_\_\_\_