

15th Annual *Miles for Miles Cancer Walk*

Friday, October 18, • Check-in at 4:30 PM • Run & Walk at 5 PM

The event will be start at Harrison County Community Hospital • 2600 Miller Street • Bethany, MO

Participant Name/Sponsor (First and Last): _____

Address: _____

Phone: _____

Registration Fee: \$20



Shirt Front

I am walking the day of the event (includes shirt, registration, and door prizes).

I am not walking but am supporting the event from afar (shirt only).

T-Shirt Sizes (shirts are a 50/50 blend)

Adult: Small, Medium, Large, XL, 2XL, 3XL, 4XL, 5XL, 6XL

Youth: 2T, 3T, 4T, 5T, XS, Small, Medium, Large, XL

1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

Cancer Recognition Signs

Show support for your loved ones who are cancer survivors, currently fighting, or in memory of. For \$5 per name, we will put your loved one(s) name on a sign that will line the walking trail at the event.

In Memory Of: _____

Survivor: _____

Fighting: _____

I WANT TO BE AN EVENT SPONSOR

\$100+ sponsor (includes your name or logo on the back of the event t-shirt, one complimentary shirt, and recognition at the event and in thank you ads). \$ _____ Shirt Size _____

Other Sponsorship Amount \$ _____

Please send the logo/name you want on the back of the shirt to abbe.ream@hcchospital.org by **September 20th.**

*Make checks payable to *HCCH Foundation*.

T-Shirt Total \$ _____ Cancer Recognition Sign Total \$ _____ Sponsorship Total \$ _____

Grand Total \$ _____