



WHEN

JUNE 23, 2018

TIME

8 AM

WHERE

**Atchley Park, Shelter #2,
LEBANON, MO**

WHY

SUICIDE PREVENTION

CONTACT

Shaun Sparks

636.332.2134

ssparks@compasshn.org

compasshealthnetwork.org/get-involved/

PRIZES

Top 3 runners in each age division and the top male/female in the 5K will receive awards.

7-12, 13-18, 19-29, 30-39, 40-49, 50-59, 60+

**4th Annual
5K RUN
OR 1 MILE
MEMORY WALK!
Save the Date!
6/23/18**

- All participants receive a shirt
- Chip Timing!

**RUN or WALK as we help SAVE LIVES—
one stride at a time! All proceeds benefit
suicide awareness through Pathways
Community Health.**

SCHEDULE OF EVENTS

JUNE 23RD

6:30 am: Race Day Registration & Packet Pick Up

7:30 am: Registration closes

8:00 am: Race begins

ENTRY FEES:

1 Mile Memory Walk: \$20 5K Run: \$25

Participants 18 and under: \$10 walk or run!

All participants receive a shirt!

TO REGISTER ONLINE VISIT

www.compasshealthnetwork.org/get-involved/

For more information contact Shaun Sparks

(ssparks@compasshn.org or 636.332.2134).



Please make checks payable to:
For the Children Foundation

Mail to:

For the Children c/o Pathways Community Health

Attn: Shaun Sparks

111 Mexico Court

St. Peters, MO 63376

****Registration is non-refundable.***

Name: _____ Age on Race Day _____

Address: _____ City _____ State _____ Zip _____

Email: _____ Phone: _____

I am registering for: 1 mile walk _____ 5K run _____

I am registering for: _____ BOTH Races! - **20% Discount!** _____ Happy Feet For Healthy Minds _____ Run For Their Lives

I would like to pay with a check or with my Visa/MC/American Express

Name on Card: _____ Credit Card #: _____

Exp. Date: _____ ccid (on back): _____ Billing Address: _____

Signature: _____

Shirt Size (Circle) **Child:** XS S M L **Adult:** S M L XL XXL 3XL

Please sign & return the waiver statement below:

In consideration of this entry being accepted, I hereby for myself, heirs, executors and administrators waive and release any claims that I may have against Pathways and *For the Children* or any of the sponsors of **Happy Feet for Healthy Minds OR Run For Their Lives**. I certify that I am physically able to participate in this event. I grant permission for any and all of the forgoing to use any photographs, videotapes or recordings or any other record of this event for any purpose whatsoever.

Signature: _____

Date: _____

(Parent's signature required if participant is a minor)