

WHEN

MAY

19th, 2018

TIME

8 AM

WHERE

North Jefferson City

Pavilion

JEFFERSON CITY, MO

WHY

HELP PROVIDE MENTAL
HEALTH SERVICES

CONTACT

Kristen Blevins

kblevins@compasshn.org

573.234.2015

www.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+



5K RUN OR 1 MILE WALK!

- **All participants receive a shirt!**
- **Chip Timing!**



PATHWAYS
COMMUNITY HEALTH
COMPASS HEALTH NETWORK

For the
children
FOUNDATION

RUN or WALK as we raise funds to support mental health services for children, families and adults in our community who are in need!

SCHEDULE OF EVENTS

MAY 18TH

11:30am-1:30pm: Registration & Early Packet Pick Up
at Pathways Office (227 Metro Drive, Jefferson City, MO)

MAY 19TH

6:30 am: Race Day Registration & Packet Pick Up
7:30 am: Registration closes
8:00 am: Race begins

ENTRY FEES:

1 Mile 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 **Kristen Blevins**

(kblevins@compasshn.org or 573.234.2015)



Please make checks payable to:
For the Children Foundation
Mail to:

For the Children c/o Pathways Community Health

Attn: Kristen Blevins

2625 Fairway Drive, Suite E

Fulton, MO 65251

****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 (Jeff City, May 19th)

_____ Run For Their Lives (Lebanon, June 23rd)

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)