



Java Joggers & SoutheastHEALTH Foundation Present:

Run for Ragan in memory of Ragan Ward Neilson, a native of Cape Girardeau, and the daughter of Dr. Robert and Barbara Ward.

5K & 8K Run / 1 Mile Memory Walk & Kids Fun Run

Saturday, September 30, 2017 | 8:00 a.m. Southeast Cancer Center



REGISTRATION FORM

Name _____ Age _____

Address _____

City/State/Zip _____

Phone # _____ Email _____

Shirt Size (5K, 8K & Memory Walk) ___S ___M ___L ___XL ___2XL Gender ___M ___F

___ 5K ___ 8K ___ Memory Walk ___ Kids Fun Run (this will be timed)

Complimentary Sponsorship Entry ___ Yes ___ No Company Name _____

All proceeds will benefit the Cancer Care Fund which provides much needed services to those locally who are unable to afford them.

ENTRY FEE
5K & 8K - \$30 / \$35 day of race
FREE for Race Sponsors
Memory Walk- \$25
Race fee includes Race T-Shirt
Kids Fun Run - \$10
includes medal

PACKET PICK UP & CHECK-IN
September 29
Noon - 4:00 p.m. OR
Race Day - September 30
6:45 - 7:30 a.m.
Southeast Cancer Center

AWARDS
Awards given for top male & female in each age group and overall male & female champion for 5K and 8K.
Age Groups: 19 & under, 20-29; 30-39; 40-49; 50-59; 60-69+

REGISTRATION NEEDS TO BE RECEIVED BY SEPTEMBER 8, 2017 FOR T-SHIRT GUARANTEE

Additional Donation _____ Total Enclosed _____

WAIVER: PLEASE READ CAREFULLY BEFORE SIGNING. WAIVER MUST BE SIGNED BEFORE EVENT.

Having read this waiver, and in consideration of your acceptance of my entry fee to the Run For Ragan, I hereby agree to comply with all the rules and regulations and event instructions of the event and its directors. I know that a road race is a potentially hazardous activity, and I should not enter unless I am medically able. I assume all risks associated with this event, and waive and release any and all claims that I, or anyone entitled to act on my behalf, may have against the event or the event committee, their officers, directors, members, volunteers, sponsors, including any and all claims for damage caused by anything arising out of my participation in the event and its related activities. Participants under the age of 14 must be accompanied by an adult at all times during the race.

Signature _____

Emergency Contact & Phone # _____



Please complete and return to djirkovsky@sehealth.org or SoutheastHEALTH Foundation | 1849 Broadway | Cape Girardeau, MO 63701 For more information or to register, please visit SEhealth.org/R4R