



Kathleen Gaynor Ferris  
Memorial Art Auction and Run/Walk

## Arts Alive Memorial Run/Walk

Saturday, April 18, 2009

Baer's Beverage, Inc. Warehouse  
7205 Zinser Avenue, Weston

Online Registration Available at [www.artsaliveweekend.com](http://www.artsaliveweekend.com)

- |                          |   |         |         |
|--------------------------|---|---------|---------|
| <input type="checkbox"/> | 5 Mile Run/Walk - before 4/10/09  | 11:00am | \$20.00 |
| <input type="checkbox"/> | 5 Mile Run/Walk - after 4/10/09   | 11:00am | \$25.00 |
| <input type="checkbox"/> | Kids 100 yd Dash (6 and under)  | 10:15am | \$ 2.00 |
| <input type="checkbox"/> | 1/2 Mile Kids Run (12 and under)  | 10:30am | \$ 2.00 |
| <input type="checkbox"/> | Tax Deductible gift to support hospice and palliative patients and families |         | _____   |

To pay by credit card please see reverse side

TOTAL \_\_\_\_\_

Shirts cannot be guaranteed to registrants after 4/10/09 or same day registration. Sorry, no shirts are available for the kids runs. Walkers are asked to line up behind the run area. Strollers and wagons are encouraged in the rear of the walking area.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_ Male \_\_\_ Female Date of Birth \_\_\_\_\_ Age on Race Day \_\_\_\_\_

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

### T-Shirt Size:

- S       M       L       XL       XXL

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### \*\*RAFFLE - RAFFLE\*\*

2009 Allegro

1X white/blue

Retail value - \$575.00

### \*\*WIN THIS BIKE\*\*



### \*\*RAFFLE - RAFFLE\*\*

Raffle Tickets:

\$5.00 each OR

Five for \$20.00

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Waiver: In consideration of the acceptance of my entry, I myself, executors, heirs, personal representatives, successors, administration, and assignees do hereby release and discharge the race organizers, Baer Beverage, Inc., Aspirus Health Foundation, Inc. and all sponsoring organizations, supporters, volunteers, officials and individuals associated with this run of all claims, damages, injuries, or action suffered by me or arising out of my participation in this run. I attest and verify that I have full knowledge of the risks involved with this event and I am physically fit and sufficiently trained to participate in the event.

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Parent/Guardian Signature if applicant is under 18 years of age)

Mail Completed Application with fee enclosed to:

Aspirus Health Foundation/KGF Memorial • 425 Pine Ridge Blvd. • Wausau, WI 54401