

# THE MEMORIAL DAY



15K | 5K | 1M



## MEMORIAL DAY MAY 29, 2017

Drakes Creek Park, Hendersonville, TN Start and Finish Lines in the Park

**STARTING TIMES:** 7:00am 15K RUN                      8:00am 1 Mile Fun Run/Walk  
7:30am 5K RUN

Event: 15K \_\_\_\_\_ 5K \_\_\_\_\_ 1 Mile Fun Run/Walk \_\_\_\_\_

Name \_\_\_\_\_

Age \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State/Prov. \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Phone (+area code) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Unisex Adult T-Shirts: S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_ XXL \_\_\_\_\_ (only pre-registered by May 1st guaranteed)

Youth T-Shirts: S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ (no XL or XXL on kid sizes)

**ONLINE REGISTRATION:**

www.rabbitroadracing.com  
Printable form on: www.thememorialdayclassic.com

**REGISTER VIA MAIL:**

Cumberland Crisis Pregnancy Center  
P.O. Box 1037  
Hendersonville, TN 37077

**REGISTER AT THE HENDERSONVILLE YMCA:**

102 Bluegrass Commons Blvd.  
Hendersonville, TN  
615-826-9622

**REGISTER ON RACE DAY!**

It's never too late to register! Registration opens at 5:45 am

**RACE PACKET PICKUP:**

For your convenience, if your pre-registration is received by Thursday, May 25th at 5 pm, you may pick up your race packet Friday, May 26th from 5-7 pm or Saturday, May 27th from 10 am-Noon at the Hendersonville YMCA.

**Early Registration**

Adult: 15k \$35, 5k \$25  
1 mile fun race/walk - \$20  
Child (12 & under) \$20

**May 1st**

Adult: 15k \$40, 5k \$30  
1 mile fun race/walk - \$25  
Child (12 & under) \$25

**Race Day**

Adult: 15k \$45, 5k - \$35  
1 mile fun race/walk - \$25  
Child (12 & under) \$25

Additional Donation for CCPC  
MAKE CHECK PAYABLE TO:

**Cumberland Crisis Pregnancy Center (CCPC)**

P.O. Box 1037, Hendersonville, TN 37077

*Additional donations are welcome and all donations are tax deductible according to IRS regulations.*

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

**WAIVER:** I, by entry into this event, release for myself and anyone on my behalf The Cumberland Crisis Pregnancy Center, the Government of Sumner County and Hendersonville, TN, and all sponsors and anyone or other organization involved in the event, their employees, agents or representative, from all claims or liabilities of any kind of nature whatsoever arising out of my voluntary participation. I know that running is potentially dangerous and I assume all risks.

**OFFICIAL USE ONLY**

Check# \_\_\_\_\_ Amount \$ \_\_\_\_\_

Cash \_\_\_\_\_ Amount \$ \_\_\_\_\_

Bib# \_\_\_\_\_



# The Memorial Day Classic Pledge Form

Participant's Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_  
 E-Mail \_\_\_\_\_  
 Participant's Phone # \_\_\_\_\_  
 Church or Group \_\_\_\_\_

## Will you please help the Cumberland Crisis Pregnancy Center by getting sponsors?

The Cumberland Crisis Pregnancy Center will take care of all collections therefore you do not have to collect money. If sponsors want to give you the money, please collect checks only, mark "PAID" next to their names, and turn the checks in with your Sponsor Pledge Form the day of the event. Checks need to be made payable to Cumberland Crisis Pregnancy Center (CCPC) and are tax deductible according to IRS regulations. Donations are for participation, not laps completed. Please be sure your sponsors' names and addresses are accurate and complete to save the valuable time of our volunteers. ZIP CODES ARE VITAL! Please be sure YOUR NAME is on the Walk Pledge Form and that you have signed the WAIVER. Turn in your Pledge Form when you check in on Event Day. Every walker must have at least 1 sponsor and \$25.00 in pledges to receive a free T-shirt.

- \* Please Print All Information and Indicate The Total Pledge Amount
- \* Please use a separate form for additional sponsors as needed

First Name _____ Last Name _____ Address _____ City _____ State _____ Zip _____ Phone Number _____ E-Mail _____ Pledge Amount      \$25    \$30    \$50    \$100 \$ _____ Other	First Name _____ Last Name _____ Address _____ City _____ State _____ Zip _____ Phone Number _____ E-Mail _____ Pledge Amount      \$25    \$30    \$50    \$100 \$ _____ Other
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TOTAL PLEDGE AMOUNT \$ \_\_\_\_\_

*\* Donations are tax deductible according to IRS regulations*