



Parkinson's & Movement Disorder Foundation

8:30 am: Sign-In

10:00 am: Race Start Time 11:00 am: Lunch Available

- Free t-shirt provided for participants
- Food & beverages provided for participants by Katella Deli
- Bring family/friends
- Timed Race

#### **Sponsor**





# 5K Walk/Run Fundraiser

# Mile Square Park Fountain Valley, CA 92708

**GROUP SHELTERS 017 on Edinger Avenue** 

## **Saturday, May 19, 2018**

#### Fun & Friendly Family Event

Join us in the fight against Parkinson's, Dystonia & other Movement Disorders!

Registered participants of the fundraiser who attend will also be eligible for our raffle prizes.

Raffle Prizes Include (Ranging from \$5 to \$50.00): Katella Deli Gift Card, Amazon Gift Card, Target Gift Card & More

Registration Fee \$20 (children under the age of 12 are free)

Parking Fee \$5 per vehicle inside park

**Street Parking Free** 

Due to park regulations, registration cannot be processed at the park.
Please register by May 15

For more information call: 714-369-7426

5K Run/Walk Saturday May 19, 2018 8:30 a.m.

### MOVE4U

Mail-in registrations must be postmarked by May 15, 2018

#### 5K Walk/Run Fundraiser

### Registration Form

NAME:						
ADDRESS:						
				ZIP:		
EMAIL:			PHONE:	PHONE:		
5K T-SHIRT SI	ZE (Circle One) A	dult: S M	L XL	Minimum age of entr	y 13	
IN CASE OF RA	IN: The race will pro	oceed as planned. W	e reserve the right to ch	ange the date under extreme c	ircumstances.	
			NAL DONATIONS			
Dona Contributor Inf		ble and an acknowle	edgement letter will be s	ent to the donor for tax purpos	es	
First Name	Last Name Mailing Address		SS			
EN	TRY FEE(S) OR D	ONATION	Mail Entry Form	n & Payment to:		
Entry Fee:	\$	(\$20)	14772 Moran St Westminster, Ca			
Donation:	\$		For more information call: 714-369-7426			
Total:	\$			RELEASE FORM (all registrations must be signed)  I hereby waive any and all claims against NSTA, PMDF, event sponsors, personnel, and all other persons, firms, corporations and/or entities or anyone associated with this event, their respective or successors, for any injury or claims for damages that I may suffer from participation in this event. I grant full permission for organizers to use photographs, videotapes, recordings or any other record for this event.		
My Employer Matching Gift			event sponsors, prations and/or entheir respective of			
Please make c	heck payable to PM	<b>IDF</b>	grant full permis			
Visa ( ) Ma	asterCard ( )		mpos, rocordings	22 any omor record for this ev		
Credit Card No	Э.		Signature			
Expiration Dat	70		Date			
Expiration Dat	.c		Signature of par	ent or guardian (if under 18 ye	ears old)	
CVV Code (las	st 3 digit on the back	of your card)	Date			
			Date			