



1st Annual Washington DC Undy 5000 5K & 1 mile Family Fun Run/Walk

Sunday, October 3, 2010 • 8:00 AM • Flat fast course
Hains Point, East Potomac Park, Washington DC

*Bring the entire family and join us
in the fight against colon cancer!*

**Register online at
www.undy5000.org**

**Online registration closes
September 30**

(No additional fee to register online)

REGISTRATION *All fields must be completed (Please Print Clearly)*

PARTICIPANT INFORMATION

First Name										Last Name									
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First Name Last Name

Start a team Join a team

Team Name (if applicable) **Minimum 4 people per team/teams must register by September 15**

**Invite your family,
friends or co-workers to join
in the fun and register
as a team!**

Mailing Address																			
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Mailing Address

City										State		Zip	
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City State Zip

Contact Phone #					E-Mail Address									
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Contact Phone # E-Mail Address

Date of Birth

Age on Race Day M/F

Emergency Contact:
Name
Contact Phone #

**All participants in the Undy 5000 5K and fun run
receive a pair of race boxer shorts.**

Select Adult Boxer Size – Circle One	Select Youth Boxer Size – Circle One
S M L XL XXL	S M L

**Receive an Undy 5000 t-shirt on race day
by raising at least \$50**

AWARDS: Top three male and female overall & top three in 10-year age groups
Gift certificates courtesy of Georgetown Running Company (202-337-8626, 301-215-6355)

What is your connection to colorectal cancer? _____
How did you hear about the Undy 5000? _____

I would like to be recognized as a colorectal cancer survivor by receiving a commemorative pin.
 I would like to be a volunteer with the Colon Cancer Alliance.

**While supplies last*

Mail-in registrations must be postmarked by September 15.

Additional Donations *(Please Print Clearly)*

CONTRIBUTOR INFORMATION

First Name	Last Name	Mailing Address	Donation Amount	Check No. or Credit Card Type	Credit Card Number (if applicable)	Signature

ENTRY FEES

Event	Before Sept. 15	After Sept. 15
5K Adult	<input type="checkbox"/> \$30	<input type="checkbox"/> \$40
Youth 5K (Ages 6-13)	<input type="checkbox"/> \$25	<input type="checkbox"/> \$35
Family Fun Run/Walk (All Ages)	<input type="checkbox"/> \$20	<input type="checkbox"/> \$30
Virtual Participant	<input type="checkbox"/> \$40	<input type="checkbox"/> \$40

Payment method
(Check one box):

Check Enclosed **Entry Fee** \$ _____
 VISA **Additional Donation** \$ _____
 MasterCard **Total** \$ _____
 AmEx **My Employer has a Matching Gift Program** \$ _____

_____ *Please Make Check Payable To: Colon Cancer Alliance*

Check No. _____

Credit Card No. _____

Expiration Date _____

Signature _____

Mail entry form & payment to:
Colon Cancer Alliance
1200 G Street NW, Suite 800
Washington, DC 20005

FOR INTERNAL USE ONLY

Bib Number _____
Other _____

Limited to the first 500 entrants.

RELEASE FORM *(all applications must be signed)*

I hereby waive any and all claims I may have against Colon Cancer Alliance, Marathon Charity Cooperation, event sponsors, personnel, and all other persons, firms, corporations, and/or entities or anyone associated with this event, their representatives or successors, for any injury or claims for damages that I may suffer from my participation in this event. I grant full permission for organizers to use photographs, videotapes, motion pictures, recordings or any other record of this event.

✓
Signature _____
Date _____

✓
Signature of parent or guardian *(if under 18 years of age)* _____
Date _____