

## **Saturday, September 29th**

**8:00 a.m. Registration**

**8:30 a.m. Runners Start**

**9:15 a.m. Walkers Start**

**Prizes to Follow**

**\* Event will be timed for runners\***

A 5k event that follows the Osaugie Trail and is open to walkers and runners of all ages and abilities. Entry fee or minimum pledge of \$25.

### **Start a team or sign up as an individual!**

Fill out this brochure to track pledges and register. Teams are limited to 5 members. If you plan to start a team, please give everyone an extra brochure (photocopies accepted).

### **Fundraising Rewards:**

- \* Long-sleeved event tee for individuals who raise \$25 or more
- \* Prize for the top individual with the most money collected
- \* Prize for the top team with the most money collected
- \* Prize for the first place female and male runner
- \* Participants are not eligible for both individual and team prize

### **Directions to the 2012 Walk/Run**

Barker's Island is located along the harbor on Hwy. 53 in Superior. From Duluth, take the Blatnik Bridge (Hwy 53/535) and follow 53. Take a left onto Barker's Island and look for Walk/Run signs. Registration will be at the Charter Fishing Dock parking lot.

# **CASDA 2012 Walk/Run to End Abuse**

## **Registration Form**

**Please PRINT clearly.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Team Name (if applicable): \_\_\_\_\_

Team Captain: \_\_\_\_\_

My employer has a matching gift program: Yes No  
Employer: \_\_\_\_\_

I am unable to participate in the Walk/Run, but enclosed is my donation of \$\_\_\_\_\_.

Waiver and Release of Liability:

I hereby waive all claims against CASDA, sponsors or any personnel for any injury I might suffer in this event. I attest that I am physically fit and prepared for this event. I grant full permission for organizers to use photographs of me and/or my child(ren) and quotations from me in legitimate accounts and promotions of this event.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

(parent/guardian's signature if participant is under 18)

## **Contribution Form**

Please make all checks payable to CASDA.  
Use additional forms if needed.

Sponsor's Name	Amount Given
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
Employer Match (if applicable)	\$
<b>Total</b>	<b>\$</b>

**Please return this form and collected donations in a sealed envelope** to the CASDA Office at 318 21<sup>st</sup> Ave. East from 8 a.m. - 4 p.m. September 24<sup>th</sup> through September 28<sup>th</sup>. Registration may also be turned in at the event.