



Please send in this form and pledge money by September 17th. **Hope for Heather**, PO Box 2208, Liverpool, NY 13089.

Make check payable to **Hope for Heather**

Participant's Name

Address

Day Phone

Evening Phone

VIRTUAL WALKER OR SPONSOR PLEDGE

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____

TOTAL PLEDGES _____

Heather's Story

Heather Weeks was diagnosed with colon cancer at age 23, a few weeks after she began working as an executive assistant at the Ovarian Cancer Research Fund. Her dream of a life as a dancer became a mission to spread the word about the serious danger of Ovarian Cancer. She wanted to use every available communication method to get the word out to all women. Present estimates indicate 1 in 58 women will contract Ovarian Cancer over their lifetime.



Every women must know the 4 recognized early symptoms of ovarian cancer. Most women are unaware of these key symptoms.

Hope for Heather's Mission

Hope for heather.org is the premier non-profit educational organization in Central New York dedicated to finding a cure for Ovarian Cancer by funding research and improving survival through education. The money raised by **Hope for Heather** is used to support these missions.

- Research 40%
- Education 40%
- Local Support 20%



More information:
www.hopeforheather.org/tealwalk09.htm



5K FAMILY FUN RUN & WALK

September 26, 2010
at Onondaga Lake Park

Run starts at 9:00 am
Walk starts at 9:30 am

Prizes awarded at 10:30 am

On-site registration 8:00 - 8:30 am

Registration by Mail and On-line until September 17th for complimentary T-shirt





2010 Registration Form

Register on-line at:
www.getentered.com
 or www.active.com
 (thru September 17th)
processing charge applied

5K Family Fun Run & Walk

September 26, 2010
 Onondaga Lake Park

Run starts at 9:00 am
 Walk starts at 9:30 am
 Team Photos at 10:00 am
 Prizes will be awarded at 10:30 am
 On-site registration 8:00 - 8:30 am

I am participating as: An Individual A Team/Family

5K Run 5K Walk Team Name _____ Number in Team or Family _____

Personal Information Please print and include all information. Only legible and complete forms are accepted.

Name _____ State/Province _____
 Age on event day (if under 21) _____ Zip/Postal Code _____
 Address _____ Day Phone No. _____
 City _____ e-mail _____

Each participant registered by Sept 17 will qualify for a T-shirt. Quantities may be limited - T-shirts are not guaranteed.
 Please indicate shirt size after each name

Team Member 1. _____ Team Member 2. _____ Team Member 3. _____
 Team Member 4. _____ Team Member 5. _____ Team Member 6. _____

Waver: In consideration of your accepting this entry, (I, below signed), intending to be legally bound for myself, my heirs, executors, administrators and waive and release all rights and claims for damages I may have against the organizers of Heather's TEAL Ribbon Walk, Hope for Heather, Onondaga County Parks and Recreation, Onondaga County, City of Syracuse, U.S. Federal Government, and its sponsors, successors or representatives for any and all injuries suffered by me whether to person or property at said event or while traveling to or returning from. I attest and verify that I am physically fit and have sufficiently trained for the completion of this event and my physical condition has been recently verified by a licensed medical doctor. Further I grant full permission to use photographs, videotapes, motion pictures, and records of me, or any other record of this event, for any legitimate purposes. This entry is invalid unless signed by entrant. If entrant is under 18 years of age, parent or guardian must sign entry. The race committee reserves the right to reject any entry.

Participant's signature (Parent signature if under 18 years of age): _____

Registration Fees

Individual or Team Captain:
 until September 17th - \$20
 after September 17th - \$25

Team Members: (each)
 until September 17th - \$15
 after September 17th - \$20
 4 members per team min.*

Registrant T-shirt (choose one)

Registration by Mail and On-line until September 17 to qualify for a complimentary event T-shirt

On-line registration at www.getentered.com or www.active.com thru September 17, 2010.

Adult small Adult medium
 Adult large Adult XL

Total Paid _____

* Children 5 and under are free, welcome but do not count as team members.

Payment Check (Payable to "Hope for Heather")

Mail to: Hope for Heather
 PO Box 2208, Liverpool, N.Y., 13089



Angel for the Tree of Hope

Honor a friend or loved one at the walk. Receive an annual reminder of the hope you have planted.



We will place an "Angel on the Tree of Hope." Use this Angel to honor or remember a loved one. Take home the angel and place it in the ground and wildflowers will grow. An annual reminder of the hope you have planted. The Angel of Hope is biodegradable material with wildflower seeds inserted.

Requires a \$5 donation for each Hope Angel. Requests must be received by September 17, 2010.

I would like to Honor or Remember:

_____ print name as you wish it to appear
 _____ additional name
 _____ additional name

Donor's Name:

_____ print your name here

Mail To:

Hope for Heather
 P.O. Box 2208
 Liverpool, NY 13089
www.hopeforheather.org



Ovarian Cancer Research Fund, Inc. A 501(c)(3) nonprofit