



Gilda's Run for Laughs

Presented by:  **UnityPoint Health**
Trinity

Saturday, April 28, 2018 • The District of Rock Island

5K Run/Walk 8:00 a.m. • 1 Mile Fun Run 9:00 a.m.

Location & Theme: Come dressed as your favorite "Saturday Night Live" character as we celebrate Gilda Radner and her vision of providing free support, laughter and hope to those who have been impacted by cancer. Join us for this year's 5K & Fleet Feet 1 Mile run in The District of Rock Island!

Registration Fees: \$25 (Ages 13 and over)/\$15 (Ages 12 and under) for early registration (postmarked by March 30). After March 30 registration is \$30 (Ages 13 and over)/\$20 (Ages 12 and under). **New: Free 12 and under Fleet Feet 1 Mile registration with each paid 5K registrant.** Entrance fee is non-refundable and includes a t-shirt, post-race refreshments and entertainment. Shirts are not guaranteed for entries received after April 15. Please do not submit entries by mail after April 19.

New this year:

Running the 5k? Sign up for the Fleet Feet 1 Mile for just \$10 more and receive a Fleet Feet cup at the end of the race that's good for 1 free daquiri fill at the Daquiri Factory AND be entered into a drawing to win a free pair of shoes from Fleet Feet!

Packet Pickup: Friday, April 27 from 11:00 a.m. to 4:00 p.m. at Running Wild; 3216 Brady St. Davenport, IA. On race day, packets may be picked up beginning at 6:30 a.m. in the Great River Plaza in The District of Rock Island.

Sleep-In/Chip-In Registration Fees (Don't want to run but want an awesome race shirt?): \$25 (All ages) must register by April 15.

Awards: Awards will be given in the 5K for the overall men's and women's champions, overall men's and for 9-year age groups in both the men's and women's divisions from under 18 to over 65 years old. largest family and corporate teams.

Online Registration gildasclubqc.org/run

All proceeds benefit the people and programs of Gilda's Club Quad Cities



DAVENPORT



Last Name (please print legibly): _____ First Name: _____

Street Address: _____ Birthdate (MM-DD-YYYY): _____

City, State, Zip: _____ Age: _____

Mobile Phone: _____ Email: _____

Registration (circle one)	5K 12 & under \$15 (By Mar. 30) \$20 (After Mar.)	5K 13 & over \$25 (By Mar. 30) \$30 (After Mar. 30)	1 Mile 12 & under \$15 (By Mar. 30) \$20 (After Mar. 30)	1 Mile 13 & Over \$25 (By Mar. 30) \$30 (After Mar. 30)	5K & 1 Mile 12 & under \$25 (By Mar. 30) \$30 (After Mar. 30)	5K & 1 Mile 13 & over \$35 (By Mar. 30) \$40 (After Mar. 30)	Sleep-In (By Apr 15) \$25 (adult sz shirt) \$15 (youth sz shirt)
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Gender M F Cancer Survivor Y N Corporate/Family Team Name _____

Shirt Size Youth Small Youth Med Youth Large Adult Small Adult Med Adult Large Adult XL 2XL (Add \$2) 3XL (Add \$3) No shirt for 12 & under 1 Mile

Shirt Type Short Sleeve Long Sleeve Youth (Add \$4) Adult (Add \$5)

TOTAL \$ _____ + \$ _____ + \$ _____ + \$ _____ = \$ _____

Free 12 and under 1-mile registrant (continue on back if yes) Y N

Check Credit Card # _____ Exp Date _____ CVV# _____
 Credit Signature _____ I understand my card will be charged a 2.5% processing fee

RACE WAIVER (must be signed) In consideration of the acceptance of my entry, I for myself, my executors, administrators, and assigners, do hereby release and discharge Gilda's Club, City of Rock Island, any sponsors, supporters, or volunteers, for all claims and damages, demands, actions whatsoever in any manner arising from participation in the Gilda's Run 5K/1 Mile Run or Walk. I attest and verify that I have full knowledge of the risks involved in this event, am physically fit, and sufficiently trained to participate in this event.
Signature (parent or guardian if under 18 years old) _____ Date _____

Complete only for free, 12 & under Fleet Feet 1 Mile participant (must have purchased 5K registration):

Last Name (please print legibly): _____ First Name: _____

Street Address: _____ Birthdate (MM-DD-YYYY): _____

City, State, Zip: _____ Age: _____

Gender: M F

RACE WAIVER (*must be signed*) In consideration of the acceptance of my entry, I for myself, my executors, administrators, and assigners, do hereby release and discharge Gilda's Club, City of Rock Island, any sponsors, supporters, or volunteers, for all claims and damages, demands, actions whatsoever in any manner arising from participation in the Gilda's Run 5K/1 Mile Run or Walk. I attest and verify that I have full knowledge of the risks involved in this event, am physically fit, and sufficiently trained to participate in this event.

Parent Signature _____ Date _____