



Walk with a Friend

5k Run | 1 Mile Walk

SATURDAY

APRIL 27, 2019

Pre-Registration - \$35

(Now - April 8th)

Race Day Registration - \$40

(T-shirt not guaranteed)

Parkway West High School
14653 Clayton Rd
Ballwin, MO 63011

**FAMILY-FRIENDLY
ACTIVITIES &
FREE BREAKFAST
PROVIDED!**



Registration 7:30 - 8:30am

Run starts at 9am | Walk immediately follows

Sign up online: www.friendsofkids.org



19th Annual "Walk with a Friend"
Team Registration and Sponsorship Pledge Form

___ **Title Sponsor: \$5,000**

Company name/ logo **on FRONT** of race day T-shirt
Company banner at race and along race route
Link to company website from our website
Social Media Promotion, Story in Friends Newsletter
Unlimited Participants

___ **Gold Medal Sponsor: \$3,500**

Company name/logo **on BACK** of race day T-shirt
Company banner at race and along race route
Link to company website from our website
Social Media Promotion, Story in Friends Newsletter
100 Participants

___ **Silver Medal Sponsor: \$2,500**

Company name/logo **on BACK** of race day T-shirt
Logo on event banner
Social Media Promotion
75 Participants

___ **Bronze Medal Sponsor: \$1,500**

Company name/logo **on BACK** of race day T-shirt
Logo on event banner
Social Media Promotion
50 Participants

___ **Patient Family Team Sponsor: \$500** (no corporate)

Family/Team name on back of shirt
Social media Promotion
50 Participants (additional team members can be added for a fee of \$10.00 per individual)

___ **Individual Walker/Runner Pre-Registration: \$35**

(Pre-Registration ends April 8th)

___ **Race Day Registration: \$40**

(T-shirt not guaranteed)

___ **"Be a Friend" Donation:**

I am unable to attend but would like to **Be a Friend** and show support in memory/in honor of a loved one (circle one)

Individuals Name: _____

Please complete the following information as you would like it to appear in all printed materials.

Company/Team Name: _____

Contact Name: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____ **Email:** _____

Amount Enclosed: _____ **Check:** _____ (Make checks payable to Friends of Kids with Cancer)

Credit Card: MC: _____ Visa: _____ Discover: _____ **Card #:** _____

Security Code: _____ Exp. Date: _____

Card Holder Signature: _____ Zip Code: _____

Sponsor/ Team logos for use on shirts must be submitted by April 8th

19th Annual "Walk with a Friend"

5K Run & 1 Mile Walk

April 27, 2019

Registration begins at 7:30am; Walk begins at 9:00am

Please list the names of **all** participants on your team and whether or not they are interested in the Walk or Run (all runners will be assigned a number). Be sure to include their age, sex, and shirt sizes.

Team Registration Form

Name of Team: _____

Captain: _____ Phone: _____

Email: _____

Tee Shirt Size – Please Check One

	Name of Participant	Run	Walk	Sex	Age	Child XS	S	M	L	Adult S	M	L	XL	2xL	3XL	4XL
1																
2																
3																
4																
5																
6																
7																
8																
9																
10																
11																
12																
13																
14																
15																
16																
17																
18																
19																
20																
21																
22																
23																
24																
25																

Please email, mail or fax form with payment to:

Friends of Kids with Cancer: Walk with a Friend, 16 Sunnen Drive, Suite 161 St. Louis, MO 63143

Phone: 314.275.7440

Fax: 314.275.7446 **Email:** brandy@friendsofkids.com