

EDWARD I. MOSES WALK/RUN FOR LIFE

REGISTRATION FORM

Support is provided to programs that work to educate the community and help with the prevention, early detection and diagnosis of cancer for local residents. Beneficiaries include: Ryan's Wish Foundation, Gouverneur, NY; Hospice and Palliative Care of St. Lawrence Valley; Canton-Potsdam Hospital; Claxton-Hepburn Hospital; Gouverneur Hospital; Compassion Care Foundation; Jerry's Run for a Cause.

For more information on these programs or to make a donation please visit www.walkrunforlife.com.

- WHAT:** The Edward I. Moses Walk/Run for Life is a non-competitive walk/run to raise money for the fight against cancer in St. Lawrence County. Our goal this year is to collectively raise over \$60,000.
- DATE:** Sunday, April 28, 2024
- TIME:** Registration from 9:00 - 10:00 a.m. Official start at 10:00 a.m.
- WHERE:** St. Lawrence University, Canton; Elk's Club, Potsdam; Ogdensburg Free Academy; Ogdensburg
- WHO:** Anyone can participate with a minimum \$35 entry or sponsor fee. You can walk, run, jog, push a stroller, etc. You can choose to participate individually or as a group.
- HOW:** Participants are responsible for collecting donations before the event. All money is to be handed in at registration.
- PRIZES:** Basket raffle prizes day of event; tickets sold at registration.
- T-SHIRTS:** Event T-shirt given to participants who raise a minimum of \$35.00.
ALL T-SHIRT ORDERS MUST BE PLACED BY APRIL 1, 2024.
- MORE INFO:** More information may be obtained by calling Dick Christy (Canton) 315-869-8962 (Canton); Shawn Spadaccini (Potsdam) 315-244-5309; Angie McRoberts (Ogdensburg) 315-323-0207

Make checks payable to: Edward I. Moses Walk/Run or SLCCF
P.O. Box 291
Canton, NY 13617

PLEASE JOIN US NEXT YEAR, SUNDAY APRIL 27, 2025

BRING ENTIRE FORM TO REGISTRATION
IN ORDER TO REGISTER FOR THIS EVENT YOU MUST SIGN THIS WAIVER

CANTON POTSDAM
 OGDENSBURG

In consideration of my entry being accepted intending to be legally bound, I so hereby by myself, my heirs, executors, and administrators waive, release and forever discharge any and all rights for claims and damages, which my have and which may hereafter accrue to me against the Edward I. Moses Walk/Run for Life Committee Inc., Kinney Drugs Foundation, St. Lawrence University event organizers for damages which may be sustained and suffered by me in connection with my association with sponsors for entry in this event.

Date of Birth _____ Signature _____ Signature (Parent or Guardian if under 18) _____

Name _____ Contact preference:
 Snail Mail
 Email: _____

Address _____

City _____ State _____ Zip _____ Phone Number _____

My walk in memory of _____ or dedicated to _____

I am walking as part of a School

Name of School _____

O
R

I am walking as part of a Team / Group

Name of Team / Group (Non-School) _____