



MOUNTIN' Cancer 5K

“Help Get Cancer Off Our BACK”

Proudly sponsored by: **Seongo**

Sunday April 27, 2014

Frances Slocum State Park

(565 Mt Olivet Rd, Wyoming, PA 18644)

Mountin' Cancer 5K is associated with **Medical Oncology Associates** of Kingston, PA. Medical Oncology Associates of Wyoming Oncology Associates has been prevalent in providing medical oncology and hematology care and services to the residents of NEPA since 1977. Medical Oncology Associates consists of caring, certified physicians, and nurse practitioners that diagnose and treat patients with malignant diseases and blood disorders.

Race Day: Race registration runs from 8:30 am until 9:30 am. Race will begin at 10:00 am. The walkers will start behind the runners. **Race will be held rain or shine.** Awards will commence upon completion of the race.

Cost: Pre-registration will be \$20 and will include a FREE T-shirt (**Ends April 23rd**). Registration day of race is \$25. (**T-shirts available day of while supplies last**).

Awards: Plaque to overall winner and top 3 males and top 3 females.

Registration Payment: Cash or check. (Make checks payable to Misericordia SMA). Please send entry form and payment to:

Misericordia SMA, Insalaco Hall 014, 301 Lake Street, Dallas, PA 18612

Online Registration: Available at **Mountin'Cancer 5K.Eventbrite.com**

Donations: If you cannot attend the race but would like to make a donation, they can be sent to the same address as the registration payment (*Misericordia SMA, Insalaco Hall 014, 301 Lake Street, Dallas, PA 18612.*)

If you have any questions,

Please contact **Michael Krsulic** at (973) 945-3957, krsulicm@misericorida.edu or **William Stalgaitis** at (570) 972-9211, stalgaiw@misericorida.edu

Mountin' Cancer 5k Run/Walk Entry Form (Please Print)

Name: _____ **Phone:** _____

Address: _____ **Age:** _____ **Gender:** _____

City: _____ **State:** _____ **Zip:** _____ **DOB:** _____

Email: _____

PLEASE SELECT OPTION: T-shirt size: (Adult sizes only) S M L XL XXL **Event:** Run Walk

WAIVER APPROVAL (ALL ENTRANTS MUST SIGN)

In consideration of the acceptance of my entry, I, intending to be legally bound, do hereby, for myself, my heirs, my executors and administrators, waive, release and discharge any and all rights and claims which I may have, or which may here after accrue to me against the state of Pennsylvania, Misericordia University, and any and all agents, sponsors, and promoters, for any injuries or illnesses occurred by me or to me while participating in, spectating, and traveling to and from this event.

SIGNATURE OF ENTRANT: _____ **DATE:** _____

SIGNATURE OF PARENT IF UNDER 18: _____