

# 5TH ANNUAL Hendersonville CLASSIC

*To benefit the Cumberland Crisis Pregnancy Center*

MEMORIAL DAY, MAY 30, 2011

Drakes Creek Park, Hendersonville, TN Start and Finish Lines in the Park

STARTING TIMES:                    7:30am            10K RUN  
    8:00am            5K RUN  
    8:00am            One Mile Run/Walk

Register online: [www.active.com](http://www.active.com)  
 Printable form on: [www.hendersonvilleclassic.org](http://www.hendersonvilleclassic.org)

Event: 10K \_\_\_\_\_ 5K \_\_\_\_\_ One Mile Run/Walk \_\_\_\_\_

Official Use Only

Name \_\_\_\_\_

Age \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Prov. \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Phone (include area code) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Adult T-Shirts: S \_\_\_ M \_\_\_ L \_\_\_ XL \_\_\_ XXL \_\_\_ (only pre-registered guaranteed)

Kid T-Shirts: S \_\_\_ M \_\_\_ L \_\_\_ XL \_\_\_ (no XXL on kid sizes)

**Early Registration**

Adult: 5k - \$25, 10k - \$30  
 Child (12 & under): \$20  
 One mile race/walk - \$25

**Race Day**

Adult: 5k - \$30, 10k - \$35  
 Child (12 & under): \$25  
 Additional Donation for CCPC

MAKE CHECK PAYABLE TO:

**Cumberland Crisis Pregnancy Center (CCPC)**

P.O. Box 1037, Hendersonville, TN 37077

*Additional donations are welcome and all donations are tax deductible according to IRS regulations.*

Signature \_\_\_\_\_

Date \_\_\_\_\_

WAIVER: I, by entry into this event, release for myself and anyone on my behalf The Cumberland Crisis Pregnancy Center, the Government of Sumner County and Hendersonville, TN, and all sponsors and anyone or other organization involved in the event, their employees, agents or representative, from all claims or liabilities of any kind of nature whatsoever arising out of my voluntary participation. I know that running is potentially dangerous and I assume all risks.

[www.hendersonvilleclassic.org](http://www.hendersonvilleclassic.org)



# HENDERSONVILLE CLASSIC WALK PLEDGE FORM

Participant's Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_  
 E-Mail \_\_\_\_\_  
 Participant's Phone # \_\_\_\_\_  
 Church or Group \_\_\_\_\_

Will you please help the Cumberland Crisis Pregnancy Center by getting sponsors for your walk?

The Cumberland Crisis Pregnancy Center will take care of all collections therefore you do not have to collect money. If sponsors want to give you the money, please collect checks only, mark "PAID" next to their names, and turn the checks in with your Sponsor Pledge Form the day of the event. Checks need to be made payable to Cumberland Crisis Pregnancy Center (CCPC) and are tax deductible. Donations are for participation, not laps completed. Please be sure your sponsors' names and addresses are accurate and complete to save the valuable time of our volunteers. ZIP CODES ARE VITAL! Please be sure YOUR NAME is on the Walk Pledge Form and that you have signed the WAIVER. Turn in your Pledge Form when you check in on Event Day. Every walker must have at least 1 sponsor and \$25.00 in pledges to receive a free T-shirt.

\* Please Print All Information and Indicate The Total Pledge Amount

\* Please use a separate form for additional sponsors as needed

First Name _____ Last Name _____ Address _____ City _____ State _____ Zip _____ Phone Number _____ E-Mail _____ Pledge Amount \$25 \$30 \$50 \$100 \$ _____ Other	First Name _____ Last Name _____ Address _____ City _____ State _____ Zip _____ Phone Number _____ E-Mail _____ Pledge Amount \$25 \$30 \$50 \$100 \$ _____ Other
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TOTAL PLEDGE AMOUNT \$ \_\_\_\_\_

\* Donations are tax deductible