



Join us for the FINAL

Pamela Jean Kadow Memorial

PJ's Walk for Life

"Don't worry about a thing, cause every little thing is gonna be alright!"

Saturday

August 6, 2016

6th Annual 2K Walk

Register Today

Proceeds from this year's walk will benefit PJ Kadow's Cancer Patients Needs Fund.

Registration

Fees:

Early Registration (includes t-shirt) \$25

Same Day/Late Registration (t-shirt not guaranteed) \$30

Early registration closes July 19, 2016

Event Schedule (Rain or Shine)

Walk begins & ends at **Mishicot Village Park**

Registration/Check-In: 8:00 - 9:00 a.m.

Opening Remarks 9:00 - 9:15 a.m.

Walk Kick-off 9:30 a.m.

Closing Remarks,

Door Prizes & Raffle 10:30a.m.

Mission Statement

Pam Kadow Memorial-PJ's Walk for Life is dedicated to leading the movement towards ovarian cancer awareness. We are committed to raising non-profit funds to continue the ongoing battle against ovarian cancer through education, advocacy and research. We are devoted to providing support, hope and honor to those whom have been affected by ovarian cancer.

Raise Awareness!

Please ask family, friends, co-workers and businesses to support this cause. Email everyone you know, and ask them to join the walk or if you are unable to participate, but would like to donate or volunteer please check the box/es, fill out the form & send to: PJ's Walk for Life,

PO Box 197, Mishicot, WI 54228

Register by Mail:

PJ's Walk for Life
PO Box 197
Mishicot, WI 54228

For more information or registration forms visit:

www.pjswalk.com

Visit us on facebook - PJ's Walk for Life

.....
First Name _____

Last Name _____

Address _____

City _____ State _____ Zip _____

Phone # _____

Email _____

DEADLINES: Mail: JULY 19, 2016

One registration form per walker.

- \$25 Early Registration
- \$30 Late/Same Day Registration
- \$10 Child Ages 5-12 (Check or Cash only.)

ADULT T-shirt Size (circle one): S M L XL XXL

CHILD T-shirt Size (circle one): S M L

- I am an ovarian cancer survivor.
- I am fighting ovarian cancer.
- I would like to volunteer.
- I would like to donate \$ _____

Make Checks payable to: PJ's Walk for Life

RELEASE of LIABILITY

I hereby certify the following: (1) I am physically fit and have received medical clearance to participate in PJ's Walk for Life. (2) In consideration for my application to participate in the PJ's Walk for Life being accepted, I, on behalf of myself, my heirs, and assigns, and my estate, hereby waive and forever discharge the sponsors, organizers, affiliates, as well as their agents and employees from any and all claims that may accrue as the result of my participation.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

* Due to liability please do not bring pets (dog, cat, etc.)*

Registration fees and donations are non-refundable.

Signature _____

If under 18, parent or guardian's signature is required.

Date _____