

STAND FOR HOPE!



Inaugural

5K

Charity Run / Walk

to benefit

PADRES
Contra El Cáncer.
parents against cancer



a non-profit organization committed to improving the quality of life
for Latino children with cancer and their families.

Saturday, May 31, 2008

at

STAPLES Center

1111 S. Figueroa St., Los Angeles, CA 90015

Presented by:



Event Contact: **Silvia Fuentes**, PADRES Development Coordinator • 323.850.7901 ext. 238 • sfuentes@IAmHOPE.org

For registration/sponsorship, please visit
www.StandforHOPE.net

Race Management provided by:



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5K RUN/WALK PRE-REGISTRATION FORM

Complete this Pre-registration form and enclose it along with your minimum fundraising requirement (per participant), or visit www.StandforHOPE.net to register online.

Last Name _____ First Name _____ Middle Initial _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____ Mobile _____

E-mail _____ Birth Date (mm/dd/yyyy) _____ Gender Male Female

Business • Agency • Community Group • School _____

Team Name _____

Registration Fees (Prior to May 31 / Day of Event) Children & Youth (17 and under) \$10 / \$20 Adults (18 and over) \$20 / \$30
Includes T-Shirt, two (2) General Admission vouchers to the Avengers game that night and much more!
T-Shirt Size: YS YM YL S M L XL XXL

PAYMENT INFORMATION

CREDIT CARD

CASH VISA MasterCard
 CHECK AMEX Discover
Card Number _____
Exp. Date _____ Secure ID _____

Donation

\$ _____ . _____

RUN WALK

Please make checks payable to PADRES Contra El Cáncer. Cash may be presented at the Registration Desk, but please **DO NOT MAIL CASH** with this form.

Mail payment along with this form to: **PADRES Contra El Cáncer, 3479 Cahuenga Blvd. West, Los Angeles, CA 90068**

WAIVER INFORMATION

WAIVER: In consideration of LOS ANGELES ARENA FOOTBALL, LLC, PADRES Contra El Cáncer and PACIFIC SPORTS, LLC accepting this entry, I, undersigned, intending to be legally bound, hereby for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages which may hereafter accrue to me against LOS ANGELES ARENA FOOTBALL, LLC, PADRES Contra El Cáncer and PACIFIC SPORTS, LLC, individually or collectively, the City of Los Angeles, and any and all other sponsors, their representatives, successors and assignees, for any and all injuries, including death, suffered by me in said Event, or arising out of my participation or traveling to and / or from said Event.

I grant full permission for LOS ANGELES ARENA FOOTBALL, LLC and PADRES Contra El Cáncer to use photographs of me in legitimate accounts of the Event.

I have read the above statements. I fully understand them and my signature confirms their full acceptance. I attest and verify that I have full knowledge of the risks involved in this Event, and I am physically fit and sufficiently trained to participate in this Event.

Signature: _____ Signature: _____
(First Registrant) (Parent / Guardian if participant is under the age of 18)

PADRES Contra El Cáncer • 3479 Cahuenga Blvd. • West Los Angeles, CA 90068 • Tel. 323.850.7901 • Fax 323.850.7914
Please feel free to copy this form as needed. Additional forms can be downloaded online at www.StandforHOPE.net.

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PLEDGE FORM

Last Name		First Name		Middle Initial
Address				
City		State		Zip Code
Home Phone		Work Phone		Mobile
E-mail	Birth Date (mm/dd/yyyy)		Gender	For Internal Use Only
	/ /		<input type="checkbox"/> Male <input type="checkbox"/> Female	Team Code

TEAM SPONSORS

Name: _____	Method of Payment: <input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover
Address: _____	Card #: _____ Exp: _____ Sec. ID: _____
City: _____ State: _____ Zip Code: _____	Pledge: \$ _____ Tel: _____
Name: _____	Method of Payment: <input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover
Address: _____	Card #: _____ Exp: _____ Sec. ID: _____
City: _____ State: _____ Zip Code: _____	Pledge: \$ _____ Tel: _____
Name: _____	Method of Payment: <input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover
Address: _____	Card #: _____ Exp: _____ Sec. ID: _____
City: _____ State: _____ Zip Code: _____	Pledge: \$ _____ Tel: _____
Name: _____	Method of Payment: <input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover
Address: _____	Card #: _____ Exp: _____ Sec. ID: _____
City: _____ State: _____ Zip Code: _____	Pledge: \$ _____ Tel: _____

Collected pledge money must accompany this form. Please make checks payable to **PADRES Contra El Cáncer**. Cash may be presented at the Registration Desk, but please **DO NOT MAIL CASH** with this form.

Please collect all contributions in advance and mail them to PADRES Contra El Cáncer, or turn them in at the appropriate Registration Desk the day of the Run / Walk.

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