



**Saturday, October 1, 2016**

**5K Run/Walk at 8:00 A.M. - 1 Mile Run/Walk at 9:00 A.M. | Call 281-351-5484**

**Location**

The Historic Tomball Train Depot Plaza located at 201 S. Elm St.

**About This Event**

*Paces4Pink*, formerly Sherine’s Stride, was designed to raise awareness of breast cancer and bring families, friends and guests together for support. Sherine Amanollahi was a Tomball Police dispatcher who lost her fight against breast cancer in 2012 at age 30.

**The Course**

USATF-certified 5K course. Flat, major tree-lined streets. No wheels (except wheelchairs) & no pets, please! Baby joggers and carriages OK for 1 MILE WALK ONLY. The 5K race will be professionally managed and utilize timing bib chips.

**Awards**

Prizes will be awarded to the top three finishers in each age category for the 5K Run. All kids (10 and under) participating in the 1 mile walk will receive a commemorative keepsake.

**Packet Pick-up**

September 29<sup>th</sup> and 30<sup>th</sup> from 5:00 PM – 7:00 PM at the City “Events” Offices – 105 S. Cherry.

Race Day Pick-up & Registration: 7:00 AM – 7:30 AM at the Depot (No t-shirt guarantee)

**Registration**

- Register online at [www.racesonline.com](http://www.racesonline.com) or [www.tomballtx.gov](http://www.tomballtx.gov) by September 23<sup>rd</sup>.
- Register in person at Tomball City Hall—401 Market Street, Tomball, TX
- To mail or fax registrations, download forms at [www.tomballtx.gov](http://www.tomballtx.gov) and submit to: City of Tomball, Attn: Lisa Coe, 401 Market St., Tomball, TX 77375. Fax 281-290-1088 or Email [lcoe@tomballtx.gov](mailto:lcoe@tomballtx.gov)

Event Fees*		
Category	On or Before 9/16/2016	After 9/16/2016
5K Run/Walk	\$25	\$30
1 Mile Run/Walk 11 yrs +	\$20	\$25
1 Mile Run/Walk 10 & under	\$15	\$20

\*20% discount on groups of five (5) or more registering at the same time. Discount not available online.

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 9:00 A.M. – 1Mile Run/Walk  
 Historic Tomball Depot  
 281-351-5484

## Registration Form

\*\*One registration form per participant\*\*

Category:  5K Run/Walk  1 Mile Run/Walk ADULT  1 Mile Run/Walk YOUTH

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age on Run Date: \_\_\_\_\_ Gender:  F  M

Email Address: \_\_\_\_\_

Shirt Size:  YS  YM  YL |  S  M  L  XL  XXL  XXXL

Are you participating in honor of or in memory of someone:  Y  N

In Honor of: \_\_\_\_\_ (please print)

In Memory of: \_\_\_\_\_ (please print)

Are you a Breast Cancer Survivor:  Y  N TEAM NAME: \_\_\_\_\_

### For Credit Card Payments

Name on Card: \_\_\_\_\_ Type:  Visa  MasterCard

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ 3 Digit Sec. Code: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**Waiver and Release:** In consideration of the acceptance of this registration entry, I, the undersigned, assume full & complete responsibility for any injury or accident which may occur during my participation in this race, or while I am on the premises of this event and I hereby release and hold harmless the sponsors, officials and all other persons and entities associated with this event from any and all injury, damages or illness which may directly or indirectly result from participation in this race. I further state that I am in proper physical condition to participate.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian if Participant is Minor

\_\_\_\_\_  
Date

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