

Join us! Saturday, September 10th, 2016 for the 10th annual Run/Walk/Skate for Suicide Prevention.

Bring your family and friends and run, walk or skate to help raise money for suicide prevention; save lives and honor loved ones.

By walking, running, skating, collecting pledges you will be supporting suicide prevention programming in our schools and community.

The programming helps to:

- educate •increase awareness •build skills
- reduce stigma associated with mental health, suicide and substance abuse •support survivors of suicide loss.

Program Funders: MN Dept. of Health, Beltrami Area Service Collaborative,

Entry Fee:

\$15 Early Bird through 7-31-16

\$20 after August 1st, 2016

\$25 same day registration

Help out even more by collecting “pledges for prevention” and *waive your registration fee!*

Gold Sponsors:

Stay tuned

Event Contact

Stephanie Downey

Suicide Prevention Coordinator

218-441-4565 or sdowney@evergreenyfs.org

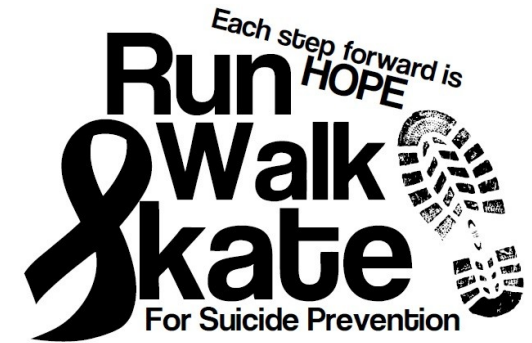
www.bemidjirunwalkskate.org

Beltrami Area Suicide Prevention Program
PO Box 662
Bemidji, MN 56619

TEAM
REGISTRATION FORM

Join the 10th Annual

**Run/Walk/Skate for
Suicide Prevention**



September 10th, 2016

5K & 10K Run~5K Walk~5K Skate

**Same Day Registration &
Pre-event Programming: 8-9am
Opening Program: 8:30am
Run/Walk/Skate: 9:30am**

www.bemidjirunwalkskate.org

Event Location



“Pledges for Prevention”

Help give HOPE! Each pledge collected helps give hope to others.

Just talk to 10 friends, 10 relatives, 10 people you know, or 10 businesses you visit request they contribute \$10 to help give hope. **10 pledges x \$10=\$100** for HOPE!

Collected pledge money must accompany this form. **Make checks payable to Evergreen Youth & Family Services.** Pledges can be turned in prior to the event or the day of the event. Please do not send cash in the mail, convert cash to a check or money order.

Mail to Suicide Prevention Program, PO Box 662, Bemidji, MN 56619

Name _____

Address _____ City, State, Zip _____

Phone() _____ - _____ email _____

** Copy this page for individual team members to collect pledges.*

Sponsor Name & Address	\$10	Other Amount

Total Pledges: _____

Signed _____

(Minors must have this form signed by a parent or guardian.)

Team Registration Form

Complete registration form along with registration fee and mail to:
Suicide Prevention Program, PO Box 662, Bemidji, MN 56619

Make Checks Payable to: Evergreen Youth & Family Services

Team Name _____

Team Leader _____

Address _____ City, State, Zip _____

Phone() _____ - _____ email _____

Waive our registration fee, our team is collecting pledges.

Entry Fee Enclosed-Per Person

\$15 before 7-31-16 \$20 after 8-1-16: \$ _____

Total Enclosed: \$ _____

**Note: If you are walking & want to be timed, sign up for the 5K Run.*

Name-Please Print (Age needed for timed events, skate not timed)	DOB	Shirt S, M, L, XL, 2X, 3X	Initial	5K Run	10K Run	5K Walk	5K 10K Skate

Waiver: I am entering this event at my own risk and by my signature certify that I am properly trained & medically able to perform this event. I assume all risks associated with the risk of a road race. I, for myself & anyone authorized to act on my behalf, shall not hold any sponsors, supporters or event holders responsible for any injuries incurred as a direct or indirect result of my participation. I acknowledge that my safety is of importance to the race directors. In addition, I am granting full permission to use any photography, videotape or testimony for legal or marketing purposes.

Signature: _____ Date: _____

(Parent or Guardian signature if participant in under 18)