

# St. Bernards Race for the Cure Pink Warrior Registration form

Race Day  
April 25, 2020  
Jonesboro, AR

**Deadline: April 2, 2020**  
**Fax to 207-0541**  
**c/o Nikki Cupp or email**  
**ncupp@sbrmc.org**

Race Day  
April 25, 2020  
Jonesboro, AR

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

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Gender: Female \_\_\_\_\_ or Male \_\_\_\_\_

Email: \_\_\_\_\_ **\*\*All information must be filled out for Komen registration\*\***

Please  One:

- \_\_\_ Adult - \$30
- \_\_\_ **Survivor - \$30**
- \_\_\_ Virtual - \$30

**Shirt Size** \_\_\_\_\_

You get a St Bernards team t-shirt as well as the t-shirt from Komen.

Sizes Available:  
Youth - Small, Med, and Large  
Adult - Small thru 3XL



Add on:

\_\_\_ Timing Chip - \$5

Payment (Circle): **CASH** **CHECK**

OR

Please make checks payable to St. Bernards Development Foundation—Pink Warriors.

**If you are paying with cash or check you must drop this form off with your payment at the St Bernards Imaging Center**

**PAYROLL DEDUCTION (ST B employees only, excluding PRN)**

Last 4 of SS# OR Lawson ID \_\_\_\_\_ Department \_\_\_\_\_

**Total Amount:** \_\_\_\_\_

Please list additional registrations below. If under 18 they will be registered as Youth and only \$20

Name: _____	_____	_____	_____	_____
Last	First	Gender	DOB	SHIRT SIZE
Name: _____	_____	_____	_____	_____
Last	First	Gender	DOB	SHIRT SIZE
Name: _____	_____	_____	_____	_____
Last	First	Gender	DOB	SHIRT SIZE
Name: _____	_____	_____	_____	_____
Last	First	Gender	DOB	SHIRT SIZE