

# #PIKEVILLE MEDICAL CENTER



## COLORS OF COURAGE 5K

COLOR  
RACE

### SATURDAY, AUGUST 27

GARFIELD HOUSE • PIKEVILLE, KY

7:30AM REGISTRATION • RACE STARTS AT 9AM

\*PLEASE RETURN ALL FORMS TO THE 10TH FLOOR LEONARD LAWSON CANCER CENTER OR  
MAIL THEM TO CARLIE LAMBERT AT PO BOX 2515 PIKEVILLE, KY 41502\*

### REGISTRATION FORM\* (PLEASE PRINT)

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Age on Race Day: \_\_\_\_\_ Birth Date (MM/DD/YY): \_\_\_\_\_

Sex: ☐ Male ☐ Female

Age Group: ☐ 14 & Under ☐ 15-19 ☐ 20-29 ☐ 30-39 ☐ 40-49 ☐ 50-59 ☐ 60-69 ☐ 70+

### PAYMENT OPTIONS

☐ Cash ☐ Credit Card

☐ Check (checks should be made payable to PMC Foundation for Quality Healthcare, Inc.)

Name on Card: \_\_\_\_\_ Card Type: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp.: \_\_\_\_\_ CID Code: \_\_\_\_\_

Signature: \_\_\_\_\_

\$25 early registration • \$30 day of race

Amount: \_\_\_\_\_