



**M U L T I P L E
M Y E L O M A
C H A R I T A B L E
F O U N D A T I O N**

The Multiple Myeloma Charitable Foundation (MMCF) was formed in August 2004 by Eve Friedli. Ms. Friedli was diagnosed with multiple myeloma in February 2003.

The MMCF is a 501(c)(3) non-profit organization dedicated to raising awareness of and money for research of multiple myeloma, leukemia, lymphoma, and other blood cancers.

Proceeds from this event will be donated to Mayo Clinic for multiple myeloma, leukemia, lymphoma, and other blood cancer research and will help save the lives of people in our community.

Donations are deductible as allowed by law. MMCF's FEIN is 20-1605935.

Thank you for your participation and generosity. We could not do this without you!

**3rd Annual 5K (3.2 miles)
Walk / Run
starts and finishes at
beautiful Essex Park, and follows
Rochester's trail system.**

- 1st, 2nd, 3rd place prizes awarded to individuals bringing in the most donations
- 1st, 2nd, and 3rd place race finishers awarded prizes (men and women)
- all participants eligible for prizes to be drawn during walk
- brunch food and beverages available after event
- individuals registering by August 25, 2007 are guaranteed a commemorative t-shirt

**MMCF
PO Box 6454
ROCHESTER, MN 55903**

**PHONE: 507-259-3979
E-MAIL: MMCF.ORG@GMAIL.COM
WWW.MMCF.ORG**



**MMCF
2007**

**5K
WALK/RUN
FOR THE CURE**

**AN EVENT TO BENEFIT
BLOOD CANCER RESEARCH**

**SATURDAY
SEPTEMBER 8,
2007**

**ESSEX PARK
ROCHESTER,
MN**



Participant registration fees:

Adults 19-up \$35
Youth 13-18 \$20
Children 12 and under free

**On-line registration is available NOW at
www.active.com keyword "MMCF"**

Everyone is encouraged to ask friends, relatives, neighbors, and co-workers to sponsor them. Donations are tax deductible as allowed by law.

MMCF's FEIN is 20-1605935.

The more money we raise, the more we can help the people in our community living with myeloma, leukemia, lymphoma, and other blood cancers/diseases.

All participants registering by August 25, 2007 are guaranteed a commemorative t-shirt.

7:00 am Registration begins

8:15 am Race starts

8:45 am Program

9:00 am Awards for runners

9:20 am Walkers depart

2007 Walk / Run for the Cure Sponsors

Name	Address	Donation
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____
11.	_____	_____
12.	_____	_____
13.	_____	_____
14.	_____	_____
15.	_____	_____
16.	_____	_____
17.	_____	_____
18.	_____	_____
19.	_____	_____
20.	_____	_____
21.	_____	_____
22.	_____	_____
23.	_____	_____
24.	_____	_____
25.	_____	_____

Donations due the day of the walk. Checks made payable to MMCF. Credit card donations also accepted via Mastercard, Discover, American Express, and Visa. Donator must provide: name, address, e-mail address, account number, card expiration date. Charge will be made via paypal.

MMCF is a 501(c)(3) public charity. Your donations are tax deductible as allowed by law. Our FEIN is 20-1605935.

REGISTRATION FORM * WWW.MMCF.ORG

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

E-mail: _____

Please check one:

Adult 19-up \$35 _____

Youth 13-18 \$20 _____

T-shirt size S ___ M ___ L ___ XL ___ XXL ___

(adult sizes only)

I'm registering as a WALKER RUNNER

I would like to pay by check or money order (made payable to MMCF)

I would like to pay via credit card (via paypal)

Visa Mastercard

Amex Discover

Name on card: _____

Statement mailing address: _____

Cardholder e-mail address: _____

Account number: _____

Card expiration date: _____

Waiver: I know that walking and/or running can be a potentially hazardous activity. I should not enter unless I am medically able and properly trained. I assume all risks associated with walking and/or running in this event, including but not limited to, falls, contact with other participants, the effects of the weather, including low or high temperatures and/or wind chill, traffic and conditions on the road. All such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of this entry, I hereby for myself, heirs, executors and administrators waive any and all claims I may have for damages against the State of Minnesota, the City of Rochester, the County of Olmsted, the Multiple Myeloma Charitable Foundation and all sponsors and individuals associated with the event, their representatives and successors, and assignees for any and all injuries suffered by me in connection with this event, including pre and post walk and/or run activities. I hereby grant permission to the MMCF and its authorized agents to use my name, photographs, videotapes, motion pictures in connection with this event, including any other record of my participation in this event for any purpose.

Participant signature _____

If participant is under 18, parent/guardian signature: _____

Mail signed registration form and payment to:

MMCF Walk/Run for the Cure c/o Eve Friedli

PO Box 6454 / Rochester, MN 55903