



## Chicago Cubs Charities Race to Wrigley 5k

### Personal fundraising benefitting Children's Memorial Hospital

#### **Runner/Walker Information**

Participant Name \_\_\_\_\_

Donation Amount \_\_\_\_\_

\$50    \$100    \$250    \$500

Enter an Amount: \_\_\_\_\_

#### **Sponsor Information**

First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Last Name \_\_\_\_\_

Billing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Day Phone \_\_\_\_\_

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

#### **Payment Information**

Payment Method

Credit Card    Check    Cash

Credit Card Type

Master Card    Visa    American Express    Discover

Name on Credit Card \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please return completed and signed registration form with payment to:

Special Events Management c/o Chicago Cubs Charities  
2221 W. 43<sup>rd</sup> Street  
Chicago, IL 60609  
Attn: Josh Ruston