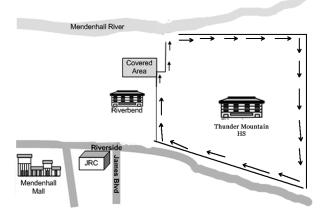
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23rd ANNUA



Walk Route





Sponsors



Bartlett Regional Hospital



Longaberger® Northern Lights Team, Juneau











*Fealaska



Riverbend Elementary School August 23,

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Cost

Where Riverbend Elementary School When August 23, 2014, 9:00 am

Pre-register Foggy Mountain Shop, JRC-The Alaska Club,

Pavitt's Health & Fitness, and Nugget Alaskan Outfitter,

or mail to: Cancer Connection PO Box 20329, Juneau AK 99802

(Pre-registration closes at noon, Friday Aug 22) Register Online at www.cancerconnectionak.org

T-Shirts Shirts for the first 350 registrants. Contact Info Cancer Connection, 796-2273

Door Prizes Must be present to win.

Alaska Airlines • Anchor Electric • Alaskan Outdoor Warehouse & Embroidery • BRH **Sponsors**

> Foundation • Bartlett Regional Hospital • Baxter Bruce & Sullivan PC • Cancer Connection • CCTHITA • Diagnostic Radiology Consultants • Elgee Rehfeld Mertz, LLC • Fox River • GCI • Inland Boatmen's Union of the Pacific-Alaska • Juneau Bone & Joint Center • KATH-TV • K3 Radio • Juneau Radio Center • Longaberger Northern Lights Team—Juneau • McDonald's • Nell Ann Wagoner, M.D. • NAO • Printing Trade Company • RE/MAX of Juneau • Sealaska

> Corporation • Southeast Medical Clinic • Super Bear • Valley Medical Care • Wells Fargo Bank.

Amerigas • Ann Doty/Longaberger Seaview Branch • Foggy Mountain • Mendenhall Auto Supporters Center, JRC-The Alaska Club, Pavitt Health & Fitness • The Grind Coffee Company • United

Way • Valley Paint Center

Beat the Odds supports local cancer related support programs such as the the Lynne Wunsch Memorial Travel Fund, an apartment in Seattle for Cancer Connection clients, Cancer Connection Health Forum, cancer support groups, retreats and our "Let's Talk" program for survivors. Cathy Bressette founded Beat the Odds in 1992. Glacier Valley Rotary stepped in and then graciously passed it to Cancer Connection to be our signature fundraiser. Funds raised helps your friends and neighbors in SE Alaska.

☐ I am a cancer survivor	Beat t	Beat the Odds Registration	tion		Official Use Only Date/Time of Registration	_
Last Name	Ē	First Name				
Address		City	_St	Zip	Phone	1
Email	3S	Shirt Size: 🗆 Small 🗆 Medium 🗀 Large 🗀 X-Large 🗀 XX-Large 🗀 NO SHIRT	Large	X-Large	☐ XX-Large ☐ NO SHIRT	
☐ 5K run Age as of 7/1/14	required OR for runners	☐ 2K Walk ☐ age 13 & under		OR	□ Donation \$	
STROLLERS (race only), DC	GS, ROLLER BLA	STROLLERS (race only), DOGS, ROLLER BLADES, & HEADPHONES ARE NOT ALLOWED	OT ALL	OWED	Make checks payable to Cancer Connection	_

and run in club activities unless I am medica I assume all risks associated with running ar of weather, including high heat and/or humidi-read this waiver and knowing these facts, ar on my behalf, waive and release the Southea nd arising out of my participation in these clu ich risks being k membership, I all such

signature of parent or legal guardian is required.) Signed (If under 18,

Signed