

# TWELFTH ANNUAL FOUR MILES FOR HOPE



## **AIDS Walk/Run**

OFFICIAL ENTRY/SPONSOR FORM

**VOLUNTEER!**  
If you want to volunteer, please  
contact APEP at 915-479-9912



# Registration

Pre-registration in person Friday, April 30 at the Desert Rainbow Center 543-3062 (call to confirm location) from 9:00 am to 6:00 pm or mail your completed registration form with your entry fee by Wednesday, April 30, 2004

**AIDS Project El Paso  
P.O. Box #13242  
El Paso, TX 79913-0242**

Late registration is the day of the Walk/Run, May 1st at the corner of Mesa and Cincinnatti Str.

**Entrance Fee:** \$15.00 minimum per person if you register by mail before April 31st or if you register in person on May 1st. If you register the day of the event, the registration fee is \$20.00. You can pay the fee, or raise the money by collecting pledges.

### **What you get with your donation**

The first 250 participants will receive a t-shirt, goodie bag, and raffle ticket. (No rain checks)

**Walk or run for fun or race to win individually or in teams. This AIDS Walk/Run is for everyone!**

**Date: Saturday, May 1st, 2004**

**Place: Corner of Stanton and Cincinnatti**

**Time: 7 am: Late Registration, 7:30 am Warm-Up Session, 8 am 4.4 mile Walk/Run, 9:30 am Awards and Prize Drawings.**

**Course Layout: The 4.4 mile course will begin at the corner of Stanton and Cincinnatti streets and will go up to Rim Road, down Robinson through the Kern neighborhood. Water stations and bathrooms will be placed along the course.**

## Awards and Prizes

- Merchandise prizes will be awarded to the top ten levels of sponsorship
- Trophies will be presented for the most money raised for the Walk/Run by an adult team, by an adolescent team, by an adult individual and by an adolescent individual.
- Trophies will be presented for over-all male and female categories in the competition run only: up to age 19, 20-29, 30-39, 40-49, 50-59, 60-69, 70 and up.
- All participants are eligible to win a door prize. You will receive a ticket when you register - be sure to place this in the drawing box on race day.

**Adult and Adolescent Teams:** Must have 3 (minimum) to 15 (maximum) members per team. Each team member must either donate or raise a minimum of \$15.00, or \$20.00 if you prefer late registration.

### **If you are a new supporter of APEP:**

- APEP encourages you to raise as much as possible.
- Ask friends, family and co-workers to sponsor you. Sponsorship can be based per mile or a flat rate.
- Collect money from sponsors when they pledge. (This will avoid making a second trip).
- In order to be considered for a prize, pledge money must be turned in the day of the event.
- **Make checks payable to APEP/Four Miles for Hope. Donations are tax deductible.**

### **In Honor of Memory of:**

If you wish to walk/run in honor or memory of someone, "In Honor of" and "In Memory Of" forms are available at the registration table on race day.

# El Paso's Twelfth Annual AIDS Walk/Run

Date: Saturday May 1, 2004

NAME: \_\_\_\_\_

SEX:  M  F

ADDRESS: \_\_\_\_\_

AGE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

I want to race.

PHONE: (DAY) \_\_\_\_\_ (EVENING) \_\_\_\_\_

I want to run or walk for fun.

TEAM NAME: \_\_\_\_\_

T-SHIRT SIZE:  M,  L,  XL,  XXL  
 (Please turn in team forms & monies raised together as a team.)

I am unable to participate, but please accept my donation of:  
 \$ \_\_\_\_\_

Age categories for competitive run: up to 19, 20-29, 30-39, 40-49, 50-59, 60-69, 70 and up.

	\$ Pledged	\$ Paid
1 _____		
2 _____		
3 _____		
4 _____		
5 _____		
6 _____		
7 _____		
8 _____		
9 _____		
10 _____		
11 _____		
12 _____		
13 _____		
14 _____		
15 _____		
16 _____		

I am unable to participate, but I would like to volunteer.

I will mention the AIDS Walk/Run in my corporate newsletter. Please send me a press release.

**OFFICIAL USE ONLY**

TOTAL PAID \$ \_\_\_\_\_

CASH \_\_\_\_\_

CHECK \_\_\_\_\_

Release for Walk/Run (must be signed by all participants or guardians).

I understand that my consent to these provisions is given in the consideration of being permitted to participate in this event. I am in adequate physical condition to participate in this event. The AIDS Walk/Run administrators may remove me from the Walk/Run if they believe my health may be endangered. I am aware of and voluntarily assume the risk of participating in this event. If I am injured, I agree I will not sue or hold responsible the AIDS Project El Paso, Inc. or any affiliated individuals, Walk/Run sponsors, and their employees. If I do not follow the rules of this event, I understand that I may be removed from the Walk/Run, I give my permission to APEP to use my photographs, videotapes, or other recordings of me that are made during the course of this event.

\_\_\_\_\_  
 Signature (Signature of parent or guardian, if under 18)

\_\_\_\_\_  
 Date

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