

8th Annual

WFPSRUN
 HALF MARATHON | 10K | 5K

SUNDAY, OCTOBER 20, 2019

Canadian Mennonite University
 North Campus - 8am

Proceeds in support of



wfpsrun
 @wfpsrun
 @wfpsrun

www.wfpshalfmarathon.com

PLEDGE FORM Runner Name:

WFPSRUN
 HALF MARATHON | 10K | 5K

Sunday,
 October 20, 2019

HSF will receipt \$20 or more, please include full mailing details for receipts.
 PLEASE PRINT CAREFULLY.

First Name	Last Name	Address	City	Prov.	Phone Number	Postal Code	Pledge Amount	Receipt Y/N	Chq/ Cash
							\$		
							\$		
							\$		
							\$		
							\$		
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							\$		
							\$		
							\$		
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							\$		
							\$		
							\$		
							\$		
Anonymous Donations							\$		
Total Donations							\$		

Charitable #: 10684 6942 RR0001
 For Further information regarding the eligibility of tax receipts, please refer to Charitable Tax Receipts Guidelines at the Canada Revenue Agency website at www.cra-arc.gc.ca

Please make all cheques payable to: The Heart and Stroke Foundation

Thank you for your Support! *Additional pledge cards can be downloaded from www.wfpshalfmarathon.com

The Heart and Stroke Foundation of Canada recognizes the important contribution of its sponsors. However, this is not an endorsement.™The heart and / icon on its own and the heart and / icon followed by an other icon or words in English or French are trademarks of Heart and Stroke Foundation of Canada used under license.



REGISTRATION FORM

Half Marathon 10k 5k 5k Family Discount

Name: _____
 Sex: M F Age on race day: _____
 Address: _____
 City: _____ Prov: _____ Postal Code: _____
 PH (H): _____ (C): _____
 D.O.B (yy/mm/dd): _____
 Shirt: Male S M L XL XXL Female: XS S M L XL
 Email Address: _____

Are you a cardiac event survivor?

ie: stroke, heart attack, cardiac arrest, etc.

(Use for Family Rate only)

Name: _____
 Sex: M F Age on race day: _____
 Address: _____
 City: _____ Prov: _____ Postal Code: _____
 PH (H): _____ (C): _____
 D.O.B (yy/mm/dd): _____
 Shirt: Male S M L XL XXL Female: XS S M L XL
 Email Address: _____

Name: _____
 D.O.B (yy/mm/dd): _____
 Shirt Size: S M L XL

Name: _____
 D.O.B (yy/mm/dd): _____
 Shirt Size: S M L XL

Name: _____
 D.O.B (yy/mm/dd): _____
 Shirt Size: S M L XL

Registration forms and cheques can be mailed to WFPS RUN
 PO Box 46022 – Westdale PO, Winnipeg, Manitoba R3R 3S3

There are NO in-store registrations
Please make cheques payable to: WFPS RUN

I know that participating in physical fitness events is a potentially hazardous activity. I agree not to participate unless I am medically able and properly prepared. I should not participate without my physician's approval. I agree to abide by any decision of an event official concerning my ability to safely participate. I assume any and all risks associated with the WFPS Half Marathon and all events associated; including but not limited to, falls, contact with other persons or objects, the effects of weather, traffic and course conditions. As a condition of my entering this event, I, for myself, any accompanying minors, and anyone entitled to act on my behalf, waive and release the WFPS Race, and the Manitoba Runners Association, any associated or related entities, their directors, officers, employees, agents, representatives, sponsors, volunteers, and organizers (herein collectively called "Event Organizers"), from present and future claims and all liabilities of any kind known or unknown, arising out of my participation in this event or related activities, even though such claim or liability may arise out of negligence or fault on the part of the Event Organizers. I agree that the Event Organizers shall not be liable for any personal injury, death or property loss, and I release the Event Organizers and waive all claims with respect thereto. In the event my registration fees are paid, I agree to be bound by the provisions of this waiver. I grant permission to Event Organizers to use or authorize others to use any photographs, motion pictures, or any other record of my participation in this event or related activities without remuneration. Applications for minors shall be accepted only with a parent's signature and should be signed by the minor. I have read this Waiver. I understand and accept its terms.

Signature: _____
 (Parent/Guardian Signature if Entrant under 18)
 Date: _____

REGISTRATION FEES

	April 1-30	May 1- July 31	Aug 1-31
Half	\$73.50	\$84	\$94.50
10K	\$52.50	\$63	\$73.50
5K	\$42	\$52.50	\$63
Family5K	\$105	\$131.25	\$157.50

FREE REGISTRATION*

Participants in the Half Marathon, 10k and 5k races can run for FREE...by supporting the Heart and Stroke Foundation and collecting donation pledges**! Your fee can be refunded if you raise a minimum of:

Half Marathon: \$250
10k: \$175
5k: \$150

As there are only so many spots in the event, you must first register to guarantee your entry into the race. Your registration fee will then be refunded (post-event) when your total amount raised has been confirmed. You have the option of a full refund OR donating your fee back to the Foundation for a tax receipt.

*Note: Qualifying participants will receive their rebate post-event in late December 2019. All runners MUST submit their fundraising monies to HSF by October 31, 2019 in order to qualify for this offer.

PRIZES FOR TOP 3 FUNDRAISERS!

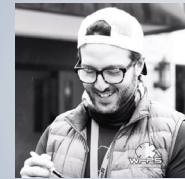
- 1st Flight for two anywhere in Canada*
- 2nd 32 GB iPad and a \$200 gift card to lululemon
- 3rd \$500 gift card to City Park Runners

*Prize is in the form of a \$1,000 flight gift certificate

** Charitable #: 10684 6942 RR0001: The Heart and Stroke Foundation will issue a tax receipt to all qualifying donations over \$20.



DIRECTOR'S MESSAGE



On behalf of myself and the WFPS Race Committee, we would like to welcome new and returning participants and volunteers to the Eighth Annual WFPS Half Marathon, 10k, 5k event in support of the Heart and Stroke Foundation.

This year, we have a FREE APP for iPhone AND Android coming to the App Store and Google Play in April 2019! Search WFPS Run 2019 and download. This app will keep you in the loop on all of our fun pre-race activities and you can register to run using it!

Follow us on Facebook and Twitter for breaking news and giveaways! We are always making announcements and giving away FREE stuff!

Looking forward to meeting all of you over the months to come and watching you crush your race day goals on October 20th!

See you all on RACE DAY!

Race Director,

Jonathan Torchia
 Jonathan Torchia

Thank you to all of our sponsors and volunteers!

Kit Pick Up Times:

Friday, October 18 – 9:00am – 7:00pm
 Saturday, October 19 – 9:00am – 5:00pm
 There is NO RACE DAY KIT PICK UP

Kit Pick Up Location:

Canadian Mennonite University (500 Shaftesbury Blvd) - Main level - Loewen Gym

Shake Out Run:

Saturday, October 19 - 10 am
 Canadian Mennonite University (500 Shaftesbury Blvd)

Pledge Drop Off:

Pledges can be dropped off at race kit pick up or on race day. Alternatively, pledges can also be dropped off at:

The Heart and Stroke Foundation
 1379 Kenaston Blvd, Winnipeg, Manitoba, R3P 2T5
 8:30am – 4:30pm, Monday - Friday

Highlights:

- Certified Course • Indoor Bag Check • Souvenir Kit Bags
- Post-Race Breakfast • Course Entertainment • Custom Bibs
- Chip Timing • High quality shirts & medals for ALL RUNNERS
- Age Class Awards

www.wfpshalfmarathon.com

