

J E N N I F E R B U K O S K Y F U N D

the 5/10K WALK/RUN FOR LIFE

REGISTER ONLINE AT WWW.PARKERSFITNESS.COM

✘ Purpose ✘

The funds raised from this event will go to the Oconomowoc High School's student education programs focusing on substance abuse.

HOW YOU CAN HELP

Jennifer's husband Michael has requested that funds raised in Jennifer, Courtney and Sophia's honor be designated for student education on substance abuse at OHS. By participating in the Walk/Run for Life, and soliciting donations, you can make this goal a reality.

As we mourn the loss of these lives in our community, let's band together to make a small difference for the future.

More information is available at the Parker's Place web site at:
www.parkersfitness.com



DATE: Saturday, April 25th

WHERE: Oconomowoc
High School

TIME: 7:00am-10:30am

We Remember

Jennifer Bukosky

Courtney Bella

Sophia Bukosky



*Generous sponsorship
provided by:*

**First Bank
Financial Centre**

*Registration and sponsorship
forms are also available online
at www.parkersfitness.com or
in person at 125 Fowler Street in
Oconomowoc.*

**Profits benefit the
Jennifer Bukosky Fund**

5/10K WALK/RUN FOR LIFE

Registration/Sponsorship Information

ENTRY FORM (PLEASE PRINT):

Name _____

Address _____

City/State/Zip _____

Email _____

Phone _____

Pet's Name (optional) _____ Age _____

T-SHIRTS (**DEADLINE MAR 4TH**) - CHECK ONE:

Adult Sm Adult Med Adult Lg

REGISTRATION FEES - CHECK ONE:

_____ \$20 Adults 18+ (Early Registration -
Guaranteed shirt before 3/4/09)

_____ \$25 Adults 18+ (Day Of)

_____ \$10 High School Students or Under <18

_____ Personal Gift/Donation

_____ **Total**

IMPORTANT DATES

MARCH 4
Early Registration
Deadline for
T-Shirts

APRIL 9-10
Early T-Shirt
Pickup at
Parker's Place

To register by mail:

5/10K Walk/Run for Life
c/o Parker's Place
125 Fowler Street
Oconomowoc, WI 53066

Payment Method:

Cash Check MC Visa

Credit Card # _____

Signature _____

Exp. Date _____ Security Code _____

INDEMNIFICATION: *I know that I should talk to my doctor before taking part in this event if I have any concerns about my health. I agree that Parker's Place, Inc. and the Oconomowoc Area School District are not responsible for any problems or injuries I may have while taking part in this walk. I agree not to bring a claim or lawsuit against Parker's Place, Inc., the Oconomowoc Area School District, nor any individual or entity associated with the event. I also agree that I am the only one responsible for all of my personal items. I also agree to the use of my name and pictures in any broadcast, telecast, webcast or print media account of this event. In filling out this form, I acknowledge and have read and fully understand my own liability and do accept restrictions.*

Signature _____

Date _____

Parent's Signature if under 18 years of age _____

PLEDGES -- PLEASE SUBMIT BY 8:30AM WHEN REGISTERING AT THE EVENT

Name

Address

Phone

Amount



TOTAL COLLECTED: