



Oakeside Bloomfield Cultural Center is sponsoring its **2nd Annual Go Gold for Pediatric Cancer Research and Awareness Walk-A-Thon** on Sunday, September 24, 2017. The registration fee is \$25.00 per person (\$10 per child) and there will be a fee of \$5.00 if you bring a leashed dog on the walk. This is a three-mile walk beginning & ending at Oakeside, at which time we invite you to join us in blowing bubbles to celebrate the survivors, support the fighters and honor the taken . . . and NEVER GIVE UP HOPE!!

Participants will gather at Oakeside at 9:00 A.M. and the walk will begin promptly at 9:30 A.M.

You are invited to walk as a member of a team or as an individual. If you're interested in participating, please fill out the application below, detach it and return it with your check made payable to Oakeside Bloomfield Cultural Center, or mail directly to Oakeside, 240 Belleville Avenue, Bloomfield, NJ 07003, Attn: Kim Reilly. If you have any questions, please call Kim, Director of Oakeside, at 973-429-0960. To ensure receipt of a T-shirt, please have your registration in by Friday, September 15.

T-shirts will be distributed before the start of the walk, so please arrive early.

All net proceeds will be donated to Cycle for Survival, a foundation that uses 100% of every penny donated for lifesaving research for pediatric cancer. The walk will be held rain or shine.

To register online, go to www.gogold4kids.leagueapps.com

OAKESIDE'S GO GOLD WALK-A-THON

Name: _____

Address: _____

Email address _____

Phone _____ # Adults/\$25 per adult

_____ # Children/\$10 per child _____ # Dogs/\$5 per dog

T-shirt sizes: Children: ___ small ___ medium ___ large

Adults: ___ small ___ medium ___ large ___ x-large ___ 2XL

Survivor: Yes ___ No ___

T-shirts will be distributed before the start of the walk, so please arrive early.

Participants under 18 years of age will need a parent signature.

OAKESIDE AND ITS EMPLOYEES WILL NOT BE RESPONSIBLE FOR ANY INJURY OR LIABILITY THAT MAY BE INCURRED DURING THIS WALK-A-THON.

Participant's/Parent's Signature _____

Date _____ Check # _____ payable to OBCC

