

**SPONSORS:**

**ST. AGNES CHRISTIAN  
FORMATION-YOUTH  
MINISTRY**

**REGISTRATION INFO:**

**A 2- MILE COURSE**

**9:15 to 9:45AM CHECK-IN**

**10:00AM RACE STARTS**

**NO BIKES, ROLLERBLADES,  
SKATEBOARDS OR PETS  
ALLOWED!!!**

**STROLLERS & WHEELCHAIRS  
ALLOWED.**

**HOSTED BY:**

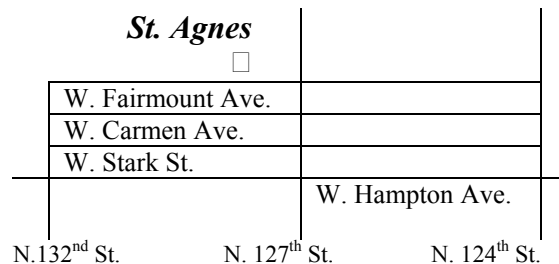
**ST. AGNES YOUTH BOARD**

**THE MONEY RAISED IN THIS  
EVENT WILL GO TO SUPPORT  
LEUKEMIA RESEARCH UNDER THE  
DIRECTION OF SAM'S DOCTOR:  
DR. DAVID MARGOLIS AT THE  
MEDICAL COLLEGE OF WISCONSIN**

**TO GET THERE:**

**St. Agnes Parish - 12801 West  
Fairmount Avenue, Butler, WI**

**Hampton Avenue west to 127<sup>th</sup>  
Street north to Fairmount  
Avenue west to St. Agnes**



**\*\*\* TENTH ANNUAL \*\*\***

**SAM BERES  
MEMORIAL  
WALK / RUN**



**HONORARY RACE STARTER  
CATHY BISSWURM-VOGEL  
(Sam's Mom)**

**SATURDAY  
AUGUST 22<sup>nd</sup>, 2009  
ST. AGNES PARISH, BUTLER**

**\*IF YOU CAN'T JOIN US AND  
WOULD LIKE TO MAKE A  
DONATION PLEASE SEE  
INFORMATION INSIDE\***

## FACTS ON SAM

- ❖ Kindergarten student at St. Agnes from 1999-2000
- ❖ Was diagnosed with AML Leukemia at the age of 4.
- ❖ Underwent a bone marrow transplant from an unrelated donor in January of 2000.
- ❖ Passed away at the age of 6 in April 2000.
- ❖ Sam is an inspiration to many and is missed by his family, friends and classmates.

***Please join us to help raise money to find a cure.***

## FACTS ON ACUTE MYELOGENOUS LEUKEMIA (AML)

- AML accounts for 15% of all childhood leukemia.
- In AML, white cells fail to function, grow rapidly and crowd out production of normal white cells, platelets and red blood cells.
- Most patients with AML require immediate intensive chemotherapy.
- Bone marrow transplant is frequently used for additional treatment.

(Info from The Leukemia & Lymphoma Society and Childhood Leukemia Center)

**If you can't make the event and would like to make a donation please send it to:**

**Sandy Bisswurm  
14340 Flora Ave  
Brookfield, WI 53005**

**Make checks payable to:  
St. Agnes Parish.**

### PLEDGE SPONSOR INFORMATION

Acquiring pledges is suggested, but not required to participate in the run.

**Money must be submitted at Registration on Aug.22<sup>nd</sup>, 2009.**

Walk / Run Participant
Address
Area Code and Phone

Sponsor's Name	Pledge Rec'd
1	
2	
3	
4	
5	
6	
7	
<b>TOTAL</b>	<b>\$</b>

### NINTH ANNUAL SAM BERES MEMORIAL WALK/RUN REGISTRATION – 2009

- \$15.00 INDIVIDUAL     
  \$40.00 FAMILY     
  \$ \_\_\_\_\_ OTHER DONATION

Last Name \_\_\_\_\_ First \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Age \_\_\_\_\_

Male     Female     Family     Runner     Walker  
 \_\_\_\_\_ Type of Participant: \_\_\_\_\_

**Please read and sign release:** I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with running in this event including, but not limited to falls, contact with other participants, and the effects of the weather including high heat and /or humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of your accepting my entry, I for myself, and anyone entitled to act on my behalf waive and release St. Agnes Parish, the Village of Butler and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event even though that liability may arise from negligence or carelessness on the parts of the persons named in this waive, (Entry must be signed by participant or legal guardian if participant is under 18years of age.)

Signature \_\_\_\_\_ Date \_\_\_\_\_