



2026 March for Marrow 5K Run & Walk **The Woodlands**

Saturday, March 28, 2026

INDIVIDUAL ADULT RATE & TEAM RATE

Name: _____

Email: _____

Daytime Phone: _____ Cell Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Birthdate: _____ Sex: M _____ F _____ T-Shirt Size: _____

School or Organization Team Name: _____

Walking/Running in Honor of Memory of: _____

****WAIVER:** In consideration of the acceptance of this registration entry, I assume complete responsibility for any injury or accident which may occur during my participation in this race or while on the premises of this event. I am fully aware of the risks and hazards inherent in participating in the Event and elect to voluntarily participate. I fully realize, waive, hold harmless and covenant not to sue the Aplastic Anemia MDS International Foundation, Inc., the sponsors, and all other persons and entities associated with this event, together with their officers, directors, shareholders, successors and assigns (collectively "sponsors") from all liability, for any and all loss, damage and any and all claims or demands on account of any injury or damage, whether caused by the negligence of all or any of the sponsors or otherwise in connection with my participation in the Event. I agree to the use of my name and photograph in broadcasts, newspapers and other media without compensation. In the event the Event is delayed or cancelled for any reason, including but not limited to: fire, disaster, flood, acts of God or the elements (including rain, hail, dangerously high winds, tornados, hurricanes, earthquakes) or any other cause beyond the control of the sponsors, there shall be no refund of the entry fee or any other costs. It is my express intent that this Release and Waiver of Liability Agreement shall bind the members of my family and spouse, my heirs, assigns and personal representatives, and shall be governed by the laws of the State of Texas.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY AGREEMENT AND VOLUNTARILY SIGN IT.

Name: _____ Date: _____

Adult Rates for the 5K: \$35.00; 1-2-MILE WALK, ALL \$35.00; Adult Team Rate, \$30

Contribution Option (circle one): \$15 \$20 \$30 \$ _____

TOTAL AMOUNT: \$ _____ Cash Check # _____ MasterCard VISA

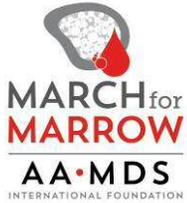
Credit Card # _____ Exp Date: ____/____

Name as it appears on the card _____

Are you related to anyone with bone marrow failure disease or a rare disease? _____

What disease? _____

MESSAGE FROM MIA HAMM, MEMBER, US WOMEN'S NATL SOCCER TEAM, 1987-2004: *"Thanks for running or walking with my Mom. I know how I felt when I lost my brother Garrett —my hero. I am a Mother now and would not want to lose any of my children."*



17th Annual March for Marrow, The Woodlands, 5K Run or Walk

ADULT TEAMS

**SATURDAY, MARCH 28, 2026, 7:30 AM Registration, 8:30 AM Start
Northshore Park, 2505 Lake Woodlands Dr., The Woodlands, TX 77389**

<http://www.marchformarrow.org>

SCHOOL:	COACH:
WORK PHONE:	CELL PHONE:
FAX:	EMAIL:
NO. of ADULTS RUNNING:	NO. of ADULTS WALKING:
Questions: Call 512-589-3735 or Email march4marrowhous@gmail.com	
Team of 5 Adult Runners (\$30)\$150.00 Team of 10 Adult Runners (\$30).....\$300.00	Team of 5 Adult Walkers (\$30)\$150.00 Team of 10 Adult Walkers (\$30)\$300.00

*T-SHIRT Adult - S M L XL XXL XXXL

Walk or Run	Name	Age on Race Day	Gender M/F	Cell Phone	Email	*T-Shirt Size	**Runner or Walker Signature (Read Waiver Below)

MAKE CHECKS PAYABLE TO: Aplastic Anemia MDS International Foundation, Inc. 401 N. Washington Street, S. 430, Rockville MD 20850
Must be postmarked by Friday, March 13, 2026, in order to ensure t-shirts etc. Email to hammbill@hotmail.com or FAX to 512-727-9815.
 Phone Stephanie Dillon Hamm at 512-301-5029, 512-589-3735 or march4marrowtx@gmail.com.

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I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY AGREEMENT AND VOLUNTARILY SIGN IT.

Name: _____ Date: _____



Department of the Treasury
Internal Revenue Service

P.O. Box 35045
Jacksonville FL 32202-0000

In reply refer to: 0752639621
Feb. 22, 2012 LTR 4168C E0
52-1336903 000000 00

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BODC: TE

APLASTIC ANEMIA & MDS INTERNATIONAL
FOUNDATION INC
100 PARK AVE STE 108
ROCKVILLE MD 20850-2621



018557

Employer Identification Number: 52-1336903
Person to Contact: Ms. Wilson
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Feb. 10, 2012, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(03) of the Internal Revenue Code in a determination letter issued in MAY 1984.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

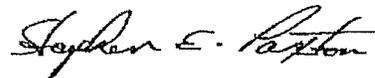
Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

0752639621
Feb. 22, 2012 LTR 4168C E0
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APLASTIC ANEMIA & MDS INTERNATIONAL
FOUNDATION INC
100 PARK AVE STE 108
ROCKVILLE MD 20850-2621

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,



Stephen E. Paxton
Operations Manager, AM Operations 3