

Miles of Hope Breast Cancer Foundation

10th Annual Family Fun 5K Run/Walk



Date: Saturday, April 27, 2013
Time: 10:00 AM, 1 mile run for kids (4-12 years old)
10:30 AM: 5K start (all ages)
Place: Tymor Park, 249 Duncan Rd., Lagrangeville, NY 12540
From Taconic Pkwy: 3.6 miles on Rt. 55 East, Left on Bruzzgul Rd/CR 21 for 1.7 miles, Right on Duncan Rd.
From Rt. 55/22 split in Wingdale: go West on County Road 21 for 8 miles, then Left on Duncan Rd.

Family Event: Face painting, 50/50 raffle, basket and gift certificate raffles, and vendors
Fun for runners and non-runners! Free massage therapy available.

Registration: Register by Thursday, April 25th on www.mhrrc.org (click *shopping cart* then *race registration*) or by mail (see below) **RACE DAY REGISTRATION BEGINS AT 8 a.m. & CLOSES AT 9:30 a.m.**
String bags for first 250 pre-registrants, special gifts for survivors

Please have all donations in no later than race day!

Awards: Awards for first overall male and female & 1st 2nd 3rd places in each age category:
Female: up to 14, 15-19, 20-29, 30-39, 40-49, 50-59, 60-69, 70+
Male: up to 14, 15-19, 20-29, 30-39, 40-49, 50-59, 60-69, 70+
Medals for first, second, and third place kids

Entry fees: 5K - \$22 (\$27 on Race Day) 1 mile Kids - **FREE** if pre-registered (\$10 on race day)

Register by Mail: send form below and check payable to: "MILES OF HOPE BREAST CANCER FOUNDATION" to: PO Box 452, Pleasant Valley, NY 12569. Pre-registrations must be post-marked by 04/22/13.

THE "MILES OF HOPE" IS A NOT-FOR-PROFIT ORGANIZATION. ALL PROCEEDS STAY LOCALLY IN THE HUDSON VALLEY WHICH AID FAMILIES WHO HAVE BEEN TOUCHED BY BREAST CANCER. INFO AT www.milesofhope.org

EMAIL FOR QUESTIONS ABOUT THE EVENT: mohrun@hotmail.com

In consideration of accepting this entry, I the undersigned, intending to be legally bound, for myself, for anyone else I am registering, my heirs, executors, and administrators, waive and release any and all claims for damages I may have against the Mid-Hudson Road Runners Club, Miles of Hope, the town of Union Vale, and any other sponsors, their representatives, employees and successors for any and all injuries suffered by me in this event. I release my rights to all photos, videos, and images, etc. taken during the event of me or anyone else I am registering.

Name _____ Breast Cancer Survivor? I am registering for: 5K Kids Run
Address _____ Gender: F M Team Name (optional) _____
City _____ State _____ Zip _____ Age on event day _____ Date of birth _____ T-shirt size _____

Signature _____ Date _____ Phone _____ Email _____

Signature of parent or guardian (if under 18) _____ Date _____

