

Miles of Hope Breast Cancer Foundation

14th Annual Family Fun

5K Run/Walk

in honor of

Carol Quaid



Date: Saturday, April 22, 2017
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 Bruzgul 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: 50/50 raffle, basket and gift certificate raffles, merchandise
Fun for runners and non-runners!

Registration: Register online by Thursday, April 20 on www.mhrrc.org (click *shopping cart* then *race registration*) or by mail (see below). Goodies for first 175 pre-registrants
RACE DAY REGISTRATION BEGINS AT 8:00 AM + CLOSES AT 9:30 AM
Survivors group photo at 9:30 AM

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 - \$25 (\$35 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 04/18/17.

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: lorirun4@hotmail.com CAN YOU VOLUNTEER? mohrunvols@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 _____
Signature _____ Date _____ Phone _____ Email _____
Signature of parent or guardian (if under 18) _____ Date _____