

Richie's Run for Research

Saturday, May 7, 2011
5K Trail run and 1 mile walk

Date: Saturday, May 7, 2011

Registration: 8:45-9:45

Race Time: 5K Trail Run will start at 10:00, and 1 mile walk will begin shortly after the start of the run.

Location: Mount Greylock Regional High School, 1781 Cold Spring Road Williamstown, Ma.

Entry Fee: \$15 for pre registered, \$20 day of race. All pre registered will receive a t-shirt, Please send pre registrations to Jessica Lemieux, P.O. Box 346 Williamstown, Ma. 01267. (Checks payable to Jessica Lemieux) *All pre registrations must be postmarked by April 22, 2011*

Amenities: Pre/Post race massage; Awards; Timing by WMAC; Refreshments.

All Proceeds to benefit Thyroid Cancer Research for the Evans Medical Foundation at Boston Medical Center

For more information: Contact Jessica Lemieux at jesslemieux@roadrunner.com .75" or (413)884-5501

-----CUT HERE -----

Richie's Run for Research

Name: _____ Age: _____ Sex: M / F

Street: _____

City/Town: _____ State: _____

Zip Code: _____ Phone: _____ E-mail: _____

T-Shirt Size (Circle One): S M L XL Fee: \$15: Pre Registered; \$20: Day Of Race

(Circle one): 5K Run OR 1 mile walk Donation: \$ _____

Total: \$ _____

Please enter me in Richie's Race for Research. I agree to assume all responsibility for all risk of damage or injury that may occur to me as a participant of this event. In consideration of being accepted as an entrant in this event, I hereby, for myself, my heirs, executors and administrators, release and discharge any and all sponsors of Richie's Race for Research from all claims, damages, rights of action, present or future whether the arising of, or incident to my participation in this event. I hereby certify that I am physically fit and have successfully trained for competition in this event. I also grant permission for the use of my name and/or picture in any broadcast, photograph or other account of this event.

Signature: _____ Parent/Guardian(if under 18): _____