



**Minority Association of  
Pre-Health Students**



**Proceeds will benefit  
African Solutions for African  
Problems (A.S.A.P.)**

**Stop AIDS, Save Lives  
ASAP 5K Charity Run**

**December  
5th**

**Basic Information:**

**The first place winner will receive a trophy along with a few other prizes. The second and third place winner will receive additional prizes as well.**

**Refreshments provided before and after the event.**

**T-shirts will be provided to the first 200 pre-registered. (300 person field limit).**

**There will be a very limited supply available for walk-up registrations—sizes are not guaranteed. (T-shirts will not be ordered after Nov. 27th).**

**Door Prize/Raffle Drawing for participants.**

**Race Day Times:**

**7:00 a.m. —Race Day Reg. Begins  
9:00 a.m. —Registration Closes  
9:15 a.m. —Introductions  
9:30 a.m. —5K Starts**

**Mail-in Registration:**

**303 B Mason Farm Road, Chapel Hill, NC, 27514.  
Attn: Tiffany Alexander.  
Please make checks payable to: Minority Association of Pre-Health Students.  
Please specify "Stop AIDS, Save Lives ASAP" in the "for" section of your check.**

**Online Registration:**

**Directions:**

From Raleigh: take 1-40 West to Exit 273B. This exit will route you directly onto Highway 54 West. Stay on Highway 54W for about 2 miles. When you get to the interchange where Highway 54 merges with 15-501, stay straight and go under the overpass. You will now be on Raleigh Road. Proceed on Raleigh Road until you get to the intersection with Country Club Drive (first stoplight). Take a right. Proceed on Country Club to the intersection with Raleigh Street (first stoplight). Stay straight- Country Club Road becomes Cameron Street. The old well is to your right.

**Sign-Up Form Title**

_____		_____	Sign up for: <input type="checkbox"/> 5K Run	Early Registration \$25	Late Registration (After: 11/27/09) \$25
Name		Address			
_____		_____	<input type="checkbox"/> 5K Run (Group Discount)	\$20	\$20
Group (if applicable)		Address (cont)			
_____	_____	_____			
Age	T-shirt Size	Phone			
_____		_____			
Signature and Waiver Acknowledgement		Email			

**Waiver:** I hereby release the organization of the Minority Association of Pre-Health Students (MAPS), its members, volunteers, and Cardinal Race Services from all claims for damages arising from any accidents or injury, which are caused by or arise from the participation of the above name applicant during any program or in any facility or at any location where this program is held.

Minimum of 5 for group discount  
such as businesses, teams, clubs,  
sports, fraternities, sororities,  
civic organizations, etc.\*

Subtotal: \_\_\_\_\_  
 Additional Donation: \_\_\_\_\_  
 Total: \_\_\_\_\_