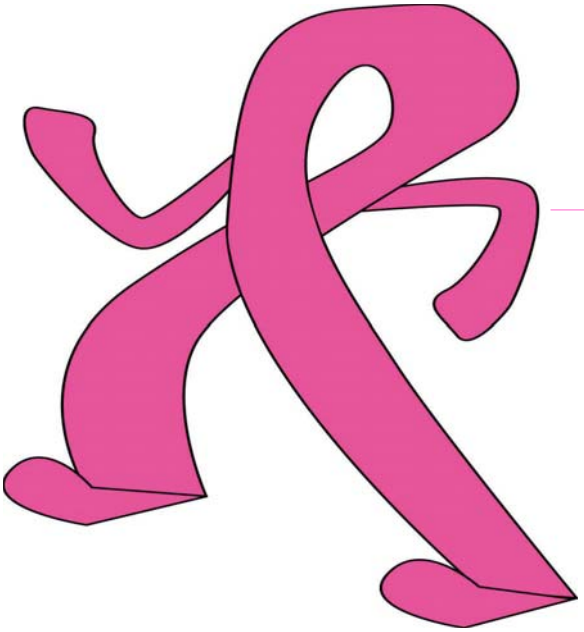

HARRISONBURG parks and recreation

All proceeds will benefit Rockingham Memorial Hospital

8th Annual Race to Beat Breast Cancer 5K Run/Walk

October 23rd

Basic Information:

The top three in each age division receive a race medal.
(-17, 18-29, 30-39, 40-49, 50-59, 60+)

Refreshments provided before and after the event.

T-shirts will be provided to the first 500 pre-registered. (500 person field limit).

T-shirt sizes are not guaranteed after Oct. 13th. (T-shirts will not be ordered after Oct. 13th).

Door Prize/Raffle Drawing for participants

Race Day Times:

7:00 a.m. —Race Facility Opens
9:00 a.m. —Introductions and Cancer Survivor Testimonials
9:30 a.m. —5K Runners Starts
—5K Walk Starts Immediately After

Mail-in or Drop-off Registration:

305 South Dogwood Drive, Harrisonburg, VA, 22801.
Attn: Erik Dart or Tim Moubray.
Please make checks payable to: Rockingham Memorial Hospital. Please specify "Race to Beat Breast Cancer" in the "for" section of your check.

Online Registration:

[illegible]

Directions: From I-81, take exit 245 (Port Republic Rd.). Go West onto Port Republic Road, (toward JMU). Continue straight on Port Republic Road, cross over Rt. 11, (S. Main Street). When you cross Rt. 11, Port Republic Road becomes Maryland Avenue. Continue straight on Maryland Avenue and cross over Rt. 42 (S. High Street). After crossing Rt. 42, take the second right onto Dogwood Drive. Stay on Dogwood for about 1/2 mile until you see Westover Park on the left. Turn into Westover Park and the Community Activities Center will be straight ahead. If you have any problems, call (540) 433-9168.

Sign-Up Form Title

Name

Address

Group (if applicable)

Address (con't)

Age Gender T-shirt Size

Phone

Signature and Waiver Acknowledgement

Email

Sign up for:	Early Registration	Late Registration (After: 10/13/10)
☐ 5K Run	$20	$25
☐ 5K Walk	$20	$25
☐ 5K Run (Group Discount)	$15	$15
☐ 5K Walk (Group Discount)	$15	$15

(No Refunds)

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

Subtotal: _____
Additional Donation: _____
Total: _____

Waiver: I hereby release the City of Harrisonburg, its employees, and volunteers 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.