



The Emily Rose 5K Memorial Run



Benefit for the Emily Rose Memorial Scholarship Fund

Sunday, July 17, 2011 10 am

Registration from 8:30 to 9:30 am

Lunch at 11 am - Awards at Noon

Russell Park, Akron, NY

Certified Time and Course

For Additional Information, Call Annette Adamczak (716) 725-2380

REGISTRATION FEE:

\$20.00 per participant prior to July 3rd. After July 3, 2011 - \$25.00

Day of Race Lunch - \$5.00 prior to July 3rd. After July 3 - \$8.00

"Friends of Emily Rose " Package - Tshirt & Come for lunch

\$13.00 prior to July 3rd. After July 3, 2011 - \$15.00

Packet pickup & On Site registration.

Checks payable to Emily Rose Memorial

(US Funds only) non-refundable & non-transferable

KIDS SPRINT (8 years and under) FREE

APPLICATIONS ON:

www.akronsemilyrose.org

RETURN ENTRIES TO:

Emily Rose Memorial 5K Run

c/o Annette Adamczak

13310 Stage Road

Akron, NY 14001

CASH AWARDS GIVEN TO:

Top overall Male & Female Runners

and

Top overall Male & Female in the Masters categories

AWARDS:

Presented to top male/female in the following age groups:

14 years & unders;

14-19 yrs.; 20-24 yrs;

25-29 yrs.; 30-34 yrs.;

35-39 yrs.; 40-44yrs.;

45-49 yrs.; 50-54 yrs.;

55-59 yrs.; 60-64 yrs.;

65-69 yrs.; 70-74 yrs.;

75+ yrs.

PLEASE PRINT

ENTRY FORMS MAY BE PHOTO COPIED

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Birth Date ____/____/____ Age _____

(age on July 17, 2011)

Shirt size (Circle one) M L XL XXL EMAIL _____

Enter Me In The

Walk

Run

Kids Sprint

Male

Female

In submitting this entry, I, intending to be legally bound for myself, my heirs, executors, and administrators, waive, release and forever discharge any and all rights and claims which I may hereafter accrue to me against the Village of Akron, Township of Newstead, Bank of Akron, Erie County Parks Dept, event sponsors, event volunteers and the directors and the directors, agents, successors and/or assignees for any and all injuries suffered by me at this event, while traveling to and from the Emily Rose 5K Memorial Run, or while participating in this event. I attest and verify that I am physically fit and sufficiently trained for the competition in this event.

Signature _____ Date _____

Parent or Guardian (If under 18) _____ Date _____