

SCOTTISH RITE / FREEMASONS



5K RUN/WALK To Benefit Children With DYSLEXIA REGISTRATION FORM



Your Tax Deductible Donation to the Children's Dyslexia Center - CT
Helps Kids With Dyslexia Overcome This Disability At No Cost To Their Families.

Saturday, July 28, 2018 - 207 Deming Street, Newington, CT

Race Day Check-In & Registration 8:00am - Race Start Time 9:00am

- ★ BibTAG Chronotrack Timing - PLATT SYSTEM / USATF Certified #CT10014JHP ★
- ★ T-Shirts For The First 200 Registrants ★ Trophies For 1st & 2nd Place In Each Division ★ DJ Music ★
- ★ Online Registration - \$25.00 - at WWW.ACTIVE.COM or WWW.RUNSIGNUP.COM ★
- ★ Pre-Register by 7-23-18 - \$25.00 ★ After 7-23-18 or Day of Race Registration \$30.00 ★

Please make checks payable to: Children's Dyslexia Center - CT

Please mail this form with check to:

Children's Dyslexia Center - CT, PO Box 310198, Newington, CT 06131-0198

A full gamut of ups and downs with moderate to challenging hills, on a scenic route with plenty of water stations. Course is mile marked: Start in Parking Lot at 207 Deming St. Right out of Parking Lot onto Deming St., Left onto Candlewyck Dr., Left onto Lamplighter Ln., Right onto Stage Coach Ln., to Little Brook Dr., Right onto Trout Brook Cir., and loop back to Little Brook Dr., Right onto Little Brook Dr., Right onto Culver St., Right onto Apple Hill, Left onto Courtland Way, Right onto Culver St., Right onto Deming St., Left at 207 Deming St. (FINISH).

5K RUN <input type="checkbox"/>	5K WALK <input type="checkbox"/>	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Age Group DIVISION:
NAME: _____				Age: _____
<small>First</small>		<small>Last</small>		
Address: _____				
<small>Street</small>		<small>City</small>	<small>Zip</small>	
Phone: _____		Email: _____		
9-13 14-19 20-29 30-39 40-49 50-59 60-69 70-79 80+ 1st, 2nd Male/Female in each Div.				

In consideration of your acceptance of this entry, I, the undersigned entrant, intending to be legally bound hereby for myself, my heirs, my executors and administrators, waive and release any and all rights and claims for damages I may have against race organizers, host town, sponsors, supporters, or any of their agents, successors or assigns for any and all accidents, illnesses or injuries suffered or sustained by me either during or as a result of the race. I attest and verify that I am sufficiently in good physical health to participate in the event, that I am sufficiently trained for this event and its completion; and that my physical health has been verified by a licensed medical doctor.

Runner's Signature: _____ Date: _____
(Parent or Guardian must sign if Runner is under 18)

NOTE: Parent/Guardian (NAME: _____) agrees to accompany any entrant under 15 years of age to said event

★ **PARKING** ★

Parking Is ONLY Available at LA-Z-BOY Furniture Galleries,
3050 Berlin Turnpike, Newington. Enter By Way of the Sphinx Shriners
(A 1-Minute Walk, Follow Signs) to Event.

Parking is at your own risk.

Any Questions/Comments? Please contact **Tony Angelica** at 203-623-9576 or tangelica@ctfreemasons.net