



LAP 4 LIFE WALK/RUN

Proceeds to Benefit Desmoid Tumor Research at **Memorial Sloan-Kettering Cancer Center**

- Date:** Saturday June 27, 2009
- Start Times:** 5k Walk 8:45 AM, 4-mile Run 10:00 AM, Kids Fun Run 11:00 AM
- Place:** Chadwick Lake Park, Newburgh NY
- Registration:** 5k Walk 7:30 AM – 8:30 AM, 4-mile Run/Kids Fun Run 8:45 AM – 9:45 AM
- Fee:** Pre-registration by June 5, 2009 \$18.00, Race day registration \$20.00
Kids Fun Run \$5.00
- Course:** 5k Walk is an out and back trail course around Chadwick lake
4-mile Run is one lap around the Chadwick Lake trail
Kids Fun Run is a quarter mile
- Family Events:** Raffles, awards, live music, food and drink to all race day participants
- Awards:** T-shirts to first 150 pre-registered
One hour massage gift certificate to overall male / female
- Runners:** Trophies / medals to first 3 places in each category
Men: 0-12, 13-18, 19-29, 30-39, 40-49, 50-59, 60-69, 70+
Women: 0-12, 13-18, 19-29, 30-39, 40-49, 50-59, 60-69, 70+
- Walkers:** Trophy to first male / female walker
Medals to first 10 walkers
- Children:** Medals to all children
Awards to first child in each age group 5 and under, 6-7, 8-9
- Pre-Register Or Contribute:** Make checks payable to **Lap 4 Life** and mail with the bottom of this flyer to:
Lap 4 Life, 120 Frozen Ridge Road, Newburgh, NY 12550
Or you can make a donation to Memorial Sloane-Kettering Cancer Center
(Please add to memo line: *Desmoid Tumor Research Fund*)
- More Info:** Contact Race Director, Maddalena Reade at:
(845) 325-3685 or madd@lap4life.org or visit www.lap4life.org

In consideration of accepting this entry, I, the undersigned, intending to be legally bound, for myself, my heirs, executors, and administrators, waive and release any and all claims for damages I may have against Lap 4 Life, and any other sponsors, their representatives and successors for any and all injuries suffered by me in this event.

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Gender: M F

Age on Race Day: _____

Date of Birth: _____

Signature: _____
(Parent's signature if under 18)

Circle Race: 5k Walk 4-mile Run Kids Fun Run