



# Dallastown Great Strides 5K Run

**Friday, June 4, 2010, 5:00PM**  
**Dallastown High School Stadium**

*Proceeds Benefit the Cystic Fibrosis Foundation*

*Join us at Dallastown High School to raise awareness about Cystic Fibrosis and help to make "CF" stand for "Cure Found."*

**Course:** 3.1 miles of paved running beginning and ending on the high school campus

**Registration:** Includes race entry and all Team SHAD events.

\$20 pre-registration by mail (must be postmarked by May 26<sup>th</sup>)

\$30 pre-registration by mail includes a race T-shirt

\$25 day of race – starting at 3:30PM at the stadium

(Team Shad race T-shirts will be available for \$10 at registration while supplies last.)

**Age Groups:** Men, 15 and under, 16-18, 19-29, 30-39, 40-49, 50-over

Women, 15 and under, 16-18, 19-29, 30-39, 40-49, 50-over

**Awards:** \$\$\$ Cash prizes to the top overall Male and Female runner plus age group prizes.

The top fundraisers over \$100 will also receive prizes.

## **Invite the whole family to the Team SHAD Event for an evening of fun, food and entertainment.**

Other Activities Include: Ultimate Frisbee Tournament, Fun Run, Music, Food and Drinks, Down & Dirty and more.

For more race information, contact  
 Joe Klinedinst  
 at (717) 741-2830

For complete race info and results  
 visit: [www.teamshad.org](http://www.teamshad.org)

*For more information about Cystic Fibrosis, please visit the Cystic Fibrosis Foundation at [www.cff.org](http://www.cff.org).*

## Great Strides 5K Registration Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Age (as of 6/4/10) \_\_\_\_\_ Gender: M F T-Shirt Size: S M L XL (\$10 each)\*

Payment Type:  Check – Please make check payable to the "CF Foundation"  Cash

Amount Enclosed: \$ \_\_\_\_\_

**WAIVER:** In consideration for the acceptance of my entry, I hereby release any and all claims or causes of action which I now have or which may hereafter accrue to me against Dallastown Area School District or any subsidiary or political division thereof, their respective officers, employees, agents, directors, representatives, volunteers, and/or sponsors (hereinafter, the "organizers") for any and all damages or injuries which I may suffer or sustain in connection with my participation in the above-described event. I make this waiver knowingly, and on behalf of myself, my heirs, executors, and assigns. I attest and certify that I am physically fit and have sufficiently trained for the completion of this event. Further, I hereby grant the organizers full permission to use any photographs, videotapes, motion pictures, recordings or any other record of my participation in the event for any purpose whatsoever. I understand that bicycles, in-line skates, and headphones are prohibited at this event and I agree not to make use of the same. I HAVE READ THE ABOVE AND RELEASE AND CONSENT THAT I AM ENTERING THIS EVENT AT MY OWN RISK.

Signature \_\_\_\_\_ Date \_\_\_\_\_

If under 18, signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

I am unable to participate on this day, but I would like to make a general donation in the amount of \$ \_\_\_\_\_

Make checks payable to the "CF Foundation"

Mail to: Great Strides 5K, c/o Joe Klinedinst, 16 Farmington Drive, Jacobus, PA 17407

*Use additional sheet to list pledges.*

## Great Strides 5K Pledge Sheet

Name: \_\_\_\_\_

*Sponsorships are not required but they certainly enhance our ability to raise funds for the CF Foundation.  
Top fundraising participants will also be awarded prizes.*

	Sponsor Name	Phone	Amount
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
<b>TOTAL RAISED</b>			\$

Make checks payable to the "CF Foundation"

Mail pledges along with Race Entry to: Great Strides 5K, c/o Joe Klinedinst, 16 Farmington Drive, Jacobus, PA 17407

-or-

Pledges can be submitted at the event registration on June, 4<sup>th</sup>.