

Colorful Minds Foundation Inc.



Chasing Away the Stigma 2nd Annual
5k Road Race or 1 Mile Fun Walk
Sponsored by The Colorful Minds
Foundation Inc.



RACE DIRECTOR: Ashley Ramos

DATE & TIME: Saturday, June 7, 2014 at 9:30 am

LOCATION: Chestnut Ridge Park, 6121 Chestnut Ridge Road
Orchard Park, NY 14127

POST-REGISTRATION
AND PRE-RACE PICK-UP: Chestnut Ridge Park, shelter # 21, 8:00-9:20 am

ENTRY FEE: 5K: \$20 pre-registered, \$25 day of race (*US funds only*)
1 mile fun walk: \$15

DESIGNER SHIRTS: Fashioned designed short sleeve t-shirts to first 100 pre-registered runners.

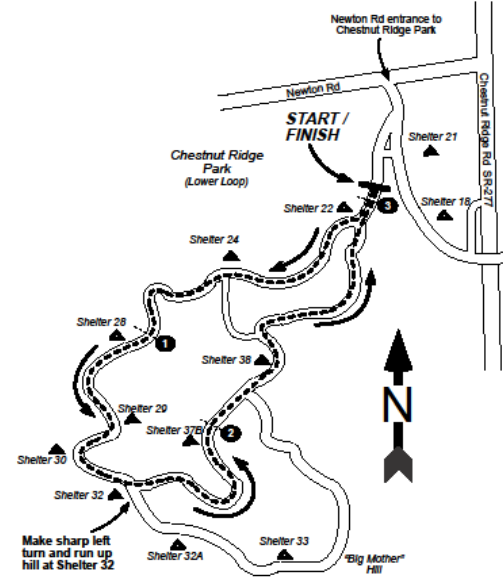
CHECKS PAYABLE &
MAIL TO: Colorful Minds Foundation Inc.
P.O. Box 2356
Buffalo NY, 14219

AWARDS: Trophies to the first overall male and female plus awards to the top three in each of the following age groups (male & female): 14 & under, 15 to 24, 25 to 34, 35 to 44, 45 to 54, 55 to 64, 65 plus.

COURSE: A challenging 5K run through the lower loop of Chestnut Ridge Park certified to be accurate by USATF #NY13083JG.
Event sanctioned by USATF #20140211232405.
Finish line by W.N.Y. Finish Line and Timing Services.

POST-RACE PARTY: Chestnut Ridge Park, shelter # 21 immediately following the race. The party will feature the awards ceremony, door prizes, basket raffle and food & refreshments. Beer will be served, identification required.

QUESTIONS: email at endingstigma@gmail.com



Please Print Clearly-.....

In consideration of your accepting this entry, I for myself, my heirs, executors & administrators, do hereby discharge The Colorful Minds Foundation Inc., the race organizers and any & all sanctioners of the race for all injuries and losses suffered by me from competing in or attending this said event.

Name: _____

Address: _____

E-mail Address: _____ Phone _____

Age on Race Day: _____ Gender: Male _____ Female _____ Uni-Sex T-shirt size: S, M, L, XL, XXL

1 Mile Fun Walk _____ 5K Run _____

I will participate in the Run/Walk Payment Enclosed \$ _____

I cannot participate in this event, however I would like to make a donation \$ _____

Signature _____
Date _____

Parent or Guardian's Signature (if under 18) _____