



BOYS & GIRLS CLUB
OF EDEN

5K Coffee Run

October 11, 2014 to Benefit

Breast Cancer Network of Western New York and Boys & Girls Club of Eden

Time/Location

8am registration
Eden Elementary School - Foyer
8989 N. Main St. - Eden

10:30 am start
Schoolview Rd next to Eden
Elementary School parking lot

Distance

5K (3.1 miles)

Entry Fees

\$23.00 – if registered by
September 27, 2014
\$25.00 – if registered after 9/27
(Registration closes promptly
at 10:15 am.)
No entry fee for ages 75+

Registration

www.buffalorunners.com
www.timhortons5kcoffeerun.com
info@score-this.com

Print and mail application

**Long Sleeve Dry Fit
T-shirt to all runners
registered by 9/27**

Awards

Awards to overall male and
female winners. Male and
female awards for 1st, 2nd, & 3rd
place in each age group.

Plus Best Costume Awards

No duplicate awards.

Age groups

10 & under	40-44
11-14	45-49
15-19	50-54
20-24	55-59
25-29	60-64
30-34	65-69
35-39	70-74
75 & over	

Race Packet Info.

Race packets can be picked up
from 8:00am-10:15am on day
of race only.

Post Race Celebration

Immediately following the race,
join us at the Newell-Faulkner
Post #880 American Legion
2912 Legion Drive, Eden
for beer, water, food,
and music.
\$2 fee for non-runners

General Info.

Race Director, Kim Schmitz
phone: (716) 445-0047
e-mail:
rk7993@roadrunner.com

MYLaps ChampionChip
Timing by Score This!!!

Walkers Welcome

Make checks payable to: Eden Valley Brewing, Inc.

Please send this entry form and registration fee to: Boys and Girls Club of Eden, 8284 North Main St., Eden, NY 14057.

In consideration of your accepting this entry and permitting me to attend or participate herein, I, the undersigned, intending to be legally bound, hereby, for myself, my heirs, executors, and administrators, waive release and forever discharge any and all rights and claims for damages I am now or in the future have against, the Town of Eden, Newell-Faulkner Post #880 American Legion, Boys & Girls Club of Eden, Breast Cancer Network of Western New York, and/or sponsors, volunteers, agents, members and assigns, for any and all losses and injuries in association with this event.

SIGNATURE: _____ DATE: _____

PARENTS SIGNATURE: _____ DATE: _____
(if participant is under 18 years of age)

NAME: _____ PHONE: (____) _____ AGE ON RACE DAY: _____

ADDRESS: _____ CITY: _____ STATE/PROV: _____ ZIP _____

E-Mail Address: _____ IN CASE OF EMERGENCY CALL: _____

SHIRT SIZE: female male Circle One: XS S M L XL XXL no youth sizes

In Memory Honor of: _____

