# FRIENDS ASKING FRIENDS®
## PLEDGE PROGRAM
This form may be duplicated

Collector

Team

Address

City State Zip

Phone (day) (eve)

Email

Company
(for matching gifts)

| Donor's Name | Address | Amount |
|---|---|---|
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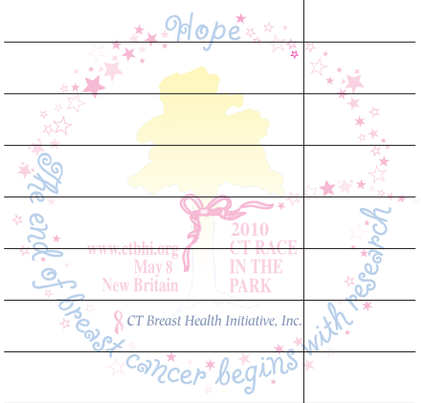


Total Collected $
Please send separate check for registration.

Mail to:

**FRIENDS ASKING FRIENDS®,**
*CT Breast Health Initiative, Inc.*
P.O. Box 566
New Britain, CT 06050

Pledges can be submitted on RACE Day. All monies must be received by June 30, 2010 to qualify for all prizes.
The **FRIENDS ASKING FRIENDS®** tent will be located near the registration tent.

By raising $200 or more you will receive a 2010 RACE pin. Top money raiser receives an additional special prize.

**Why Wait?** You can start now! Go to **www.ctraceinthepark.org** and set up your online pledge collection account. Just a few clicks and you will be able to email friends and family to request pledges.

# May 8, 2010 CT RACE IN THE PARK Official Entry Form

**Individual** mail-in registration closes 4-28-10. **Individual** ONLINE registration closes 5-2-10, at midnight.
**Teams** mail-in registration closes 4-19-10. **Teams** ONLINE registration closes 4-25-10, at midnight.

**PLEASE PRINT CLEARLY. One Entry Form Per Person.**

First Name Last Name

Address

City State Zip

Phone Email @

☐ Female ☐ Male DOB - - Age on 05/08/10 USATF#

Please check Event & T-Shirt Size

**EVENTS**

Kids' Challenge
- ☐ 1 Mile Run
- ☐ Fun Run

☐ Male 5K Run
☐ Female 5K Run
☐ 1 Mile Walk
☐ 2 Mile Walk

**T-SHIRTS**

Check one
Adult:
☐ M ☐ L ☐ XL ☐ XXL
Youth:
☐ S ☐ M ☐ L

*Size availability cannot be guaranteed.*

**TEAM INSTRUCTIONS**
(Suggested minimum 8 participants)

Choose a team captain who can either: Register the team online at **www.ctraceinthepark.org**, **OR** call the RACE Office at 860-827-7103 for an official team registration kit.

Team members can register online **OR** complete this entry form, sign it, and **submit it with payment to the team captain.**

**ALL** paper registration from team captains must be received no later than **April 19, 2010**. Team online registrations must be received by **April 25, 2010**.

**Registration Check List**
- ♥ One entry form per person
- ♥ Check age, gender, event
- ♥ Sign the Waiver
- ♥ Enclose payment
- ♥ Mail to:
  **CT BHI, INC.**
  P.O. Box 566
  New Britain, CT 06050
- ♥ Entry fees are not refundable, transferable, or tax deductible.

| Category | Age | Preregistration until 4/28/10 | Friday & Saturday | Amount Enclosed |
|---|---|---|---|---|
| Child | 0-12 | $ 6.00 | $ 11.00 | $ |
| Youth | 13-18 | $ 11.00 | $ 21.00 | $ |
| Adult | 19+ | $ 26.00 | $ 36.00 | $ |
| SEEDS OF HOPE<br>help us *grow* the funds for breast cancer *research* | | $ 75.00 | $ 75.00 | $ |
| Docs Who Care | | $100.00 | $100.00 | $ |

#_____ Forever Pink Rose Bouquets ( $7 each) $
Additional tax-deductible donation: $

TOTAL AMOUNT ENCLOSED $

**Make checks payable to: CT RACE IN THE PARK**
Please use a separate check for pledges.

☐ I am interested in volunteering. Please send info.

***Survivors, your numbers count***

☐ I am a breast cancer survivor of ____ years ☐ As a survivor, I plan to attend the RACE Day Survivor Brunch at **10:00 a.m.**

**RACE WAIVER AND RELEASE** (**Participant must sign in order to participate in Race**)

I know that running/walking is a potentially hazardous activity. I should not enter and run/walk unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run/walk. I hereby certify that I am in good health and I have trained to run/walk the distance of the race, which I am entering. I assume all risks associated with running/walking in this event including, but not limited to: falls, contact with other participants, the effects of weather, including high heat and/or humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry into this running/walking race, I, for myself and anyone entitled to act on my behalf, waive and release the CT Breast Health Initiative, Inc., its officers, directors, agents, volunteers and employees, the Hartford Marathon Foundation, Inc., its officers, directors, agents, volunteers and employees, all states, cities, countries or other governmental bodies or locations in which events or segments of events are held, all sponsors, their representatives and successors, from all claims or liabilities of any kind arising out of my participation in this event even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I grant permission to all of the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose. I understand that bicycles, skateboards, baby joggers, roller skates or inline skates, animals, and radio headsets are not allowed in the event and I will abide by this guideline.

**X** _____
Signature (Parent's or Guardian's Signature if under age 18) Date

## FOR OFFICIAL USE ONLY

Batch# ☐☐☐☐☐ Ck Amt ☐☐☐☐☐.☐☐ Cash ☐☐☐☐ Date Entr ☐☐ ☐☐ ☐☐

Date Rec ☐☐ ☐☐ ☐☐ Ck# ☐☐☐☐☐ Entr By ☐☐☐☐