



Please join us at **Beaumont for a Fun Run**

Run Back to Beaumont!

1 Mile "Back to School" Family Fun Walk/Run

Thursday, October 7<sup>th</sup>, 2010

5:00 pm 1 Mile Walk/Run all ages!

50 yard dash Grade Races, and 5 & under Tot Trot following

~Benefits Beaumont HSA~

★FREE Kid(s) T-Shirts included in entry fee FINAL REGISTRATION DEADLINE 9/27

★Refreshments!

★Awards! - presented immediately following the final race

★Prizes! - Raffle ticket for each family... free!

★Pizza Party to the class with the most runners attended!!!!

☆Race package will be sent home prior to the race

\*Warm up Stretching with Mrs. McConaghy\*

(If financial assistance is needed, please contact Judith Root)

☆Information: Contact Jodi DePhillipo 610-517-0900 [jmd@tmistaffing.com](mailto:jmd@tmistaffing.com) or Denise Studnick 610- 733-8678 [dstudnick@gmail.com](mailto:dstudnick@gmail.com)

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Please return by September 27th in envelope with check payable to Beaumont HSA

Entry Fee: \$20.00 /family (\*includes kid(s) t-shirts ~ Adult Sizes can be purchased for \$6.00) OR \$7.00 for individual

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

Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Please list all attending family members below. Kids Shirts FREE, Adult Sizes \$6.00

Table with columns for member type (ADULT #1, ADULT #2, CHILD T-shirt), size (Adult Size, Youth Size), and cost (\$0.00, \$6.00).

OPTIONAL

\*\*\*YES...I would like to be a Sponsor for the "The Race Back to Beaumont" and will make an additional contribution of a minimum of \$15.00 to the "Beaumont HSA" and have my family name printed on the T-shirt.

\$ \_\_\_\_\_

= Total \$ \_\_\_\_\_ Make check payable to Beaumont HSA

The [grid of boxes for last name]

Please print last name to be printed on T-Shirt

In consideration of your acceptance of this entry, I hereby for myself, my heirs, executors and administrators waive and release all rights and claims and damages I might have against the race director, Beaumont HSA, and all related parties for any and all injury or damage resulting from participating in the above event. I am in proper physical condition to participate in this event.

Signature (required): \_\_\_\_\_

Parent/guardian's signature if participant is under 18: \_\_\_\_\_

Internal CH Paid

Empty box for Internal CH Paid