

SCOTTISH RITE / FREEMASONS



5K RUN/WALK To Benefit Children With DYSLEXIA REGISTRATION FORM



Your Tax Deductible Donation to the Children's Dyslexia Center - CT
Helps Kids With Dyslexia Overcome This Disability At No Cost To Their Families.

The 4th Saturday of July - 207 Deming Street, Newington, CT

Race Day Check-In & Registration 8:00am - Race Start Time 9:00am

★ BibTAG Chronotrack Timing - NUTMEG FINISH LINE TIMING ★

★ T-Shirts For The First 200 Registrants ★ Trophies For 1st & 2nd Place In Each Division ★ DJ Music ★

★ Pre-Register Online - \$25.00 - at WWW.ACTIVE.COM or WWW.RUNSIGNUP.COM ★

★ Race Day Registration \$30.00 ★

Please make checks payable to: Children's Dyslexia Center - CT

Please mail this form with check to:

Children's Dyslexia Center - CT; PO Box 310198; Newington, CT 06131-0198

A full gamut of ups and downs with moderate hills on a scenic route with plenty of water stations. Course is mile marked. START in Parking Lot at 207 Deming Street. Right out of Parking Lot onto Deming Street, Left on Candlewyck Drive, Right on Cambridge Drive, Right on Lexington, Right on Cambridge, Right on Culver Street, Right on Candlewyck Drive, Right on Stage Coach Lane, Straight on Little Brook Drive, Right on Culver Street, Right on Deming Street to Parking Lot Finish Line.

5K RUN

5K WALK

Male

Female

Age Group

NAME:

First

Last

Age: _____

9-13 14-19

20-29 30-39

40-49 50-59

60-69 70-79

80+ 1st, 2nd

Male/Female

in each Div.

Address: _____

Street

City

Zip

Phone: _____

Email: _____

In consideration of your acceptance of this entry, I, the undersigned entrant, intending to be legally bound hereby for myself, my heirs, my executors and administrators, waive and release any and all rights and claims for damages I may have against race organizers, host town, sponsors, supporters, or any of their agents, successors or assigns for any and all accidents, illnesses or injuries suffered or sustained by me either during or as a result of the race. I attest and verify that I am sufficiently in good physical health to participate in the event, that I am sufficiently trained for this event and its completion; and that my physical health has been verified by a licensed medical doctor.

Runner's Signature: _____

Date: _____

(Parent or Guardian must sign if Runner is under 18)

NOTE: Parent/Guardian (NAME: _____) agrees to accompany any entrant under 15 years of age to said event



PARKING



Parking Is ONLY Available at LAY-Z-BOY Furniture Galleries,
3050 Berlin Turnpike, Newington. Enter By Way of the Sphinx Shriners
(Follow Signs to Event, Parking is at your own risk.)

Any Questions/Comments? Please contact Gordon Hurlbert at 860-803-1633 or ghurlbert3@gmail.com