



10th ANNUAL on JUNE 16, 2018



Proceeds to Benefit:

Desmoid Tumor Research Foundation & LiveOnNY

Place: Chadwick Lake – Newburgh, NY

Start Time: 4 mile run 9:15 am 4 mile walk immediately following run Award Ceremony 10:45 am
Kids' ¼ mile fun run to follow award ceremony

Pre-Registration: Students \$18 Adults \$22 Kids ¼ mile Fun Run \$10 - Until May 1st.

Registration: *After May 1st* \$25.00 Adults Walk / Run (Student and Kids same as above)

Packet Pick-up: Friday June 15th Chadwick Lake Pavilion 5:30-7:30pm

Race Day Check in: June 16th 4 mile walk /run - 7:00 - 8:45 Kids ¼ mile fun - 7:00 -1030

Course: Run & Walk – 4 mile lap around scenic Chadwick Lake Kids Fun Run – ¼ mile run

JOIN ONE OF OUR CHALLENGES.... GYM, STUDENT, POLICE, TEACHER

Non-racers will be charged \$5 for food – *fun is free for everyone*

Health Fair • Silent Auction

See the website www.lap4life.org for Health Fair Vendors and Silent Auction Items

PRE-REGISTER EARLY TO GUARANTEE YOUR T-SHIRT

(Shirts to first 400 pre-registered)

Race Bags with great giveaways will be supplied to the **first 200 adult racers to pick up their numbers.**

Prizes/Trophies awarded to top male & female run finishers. Trophies to 1st Place male & female walkers. Medals awarded to first 10 Walkers and to all Children participating in Fun Run.

See Website for details about trophies (top 3 male/female age group finishers / Group-RUN Top finisher only).

Help Raise Money for the Cause by Donating see **Pledge Page** on our website www.lap4life.org

All donations are tax deductible - registered 501(C)3.

Need at least 3 registered with SAME team name by June 10th or no team!

for more information

Maddalena Casabianca-Read, Race Director

www.lap4life.org | 845-325-3685 | madd@lap4life.org

Make checks payable to "Lap4Life Foundation"

Mail with bottom portion of flyer to: Lap4Life, 54 North Plank Rd, Newburgh, NY 12550

In consideration of accepting this entry, I, the undersigned, intending to be legally bound, for myself, my heirs, executors, and administrators, waive and release any and all claim for damages I may have against Lap4Life, and any other sponsors, their representatives and successors for any and all injuries suffered by me in this event.

Photo Consent: signing below gives my consent that photograph, videotapes, and/or movies may be taken of me by Lap4Life or an agent/volunteer thereof, for purpose of publication in the media, including newspaper, television and the World Wide Web. These items may be published, shown, exhibited or otherwise used by lap4life for advertising or other purpose without my prior approval. I grant this consent as voluntary contribution to lap4life.

Name: _____

Circle Race: 4 Mile walk / 4 mile run / kids fun run

Address: _____

Gender: Male Female (circle one)

Age on Race Day: _____

Phone: _____

T-Shirt Size: (adult) S M L XL (circle one)

Email: _____

T-Shirt Size: (child) S M L XL (circle one)

Signature: _____

Check box if participating in a Team Challenge

(Parent Signature if under 18)

Team Name: _____

Circle team type if applicable: Teacher/ Student/ Police/ Fire/ Honorary/ Other



Washingtonville Pediatrics
Boston Children's Health Physicians
Until every child is well™