2nd Annual TIP Family

5K Run/Walk in Memory of
TIP Volunteer Brenda Waller

Sunday, November 2, 2008

PLACE: Claddagh Restaurant & Pub
339 Canal Street
Lawrence, MA

TIME: *WALK* 10:45 AM *RUN* 11:00 AM
COST: Pre-entry $15 Post Entry $ 20
Or $25 in Sponsorship Pledges

Sponsors:

A single $250 donation received before October 24 will get recognition on T-Shirt

Awards Trophy to Top 2 Male/ Female in each category

Pre-Entry: October 24, 2008 ***T SHIRTS to the first 150 pre-entries***
Make Checks Payable: TIP of Merrimack Valley
Mail Entries To: TIP 5K Family
167 EAST STREET 2nd FLOOR
METHUEN, MA 01844
More Info Call: 978-975-8471

FREE FOOD FUN REFERSMENTS

Trauma Intervention Program of Merrimack Valley
167 East Street
Methuen, MA 01844

SPONSOR SHEET

Entrant's Name _____

Address & Phone Number _____

Authorized Signature _____

SPONSOR'S NAME	AMOUNT CONTRTIBUTED	SPONSOR'S NAME	AMOUNT CONTRTIBUTED

ENTRY FORM

Please make checks payable to: **TIP of Merrimack Valley**

Entrants obtaining pledges can pick up their number at the pre-registration tables, the day of the race, but should send application form with waiver checked. For more information call TIP office 978-975-8471

Name _____ Male ☐ Female ☐

Address _____

City _____ State_____ Zip _____

Telephone _____ Shirt Size S __ M __ L __ XL ___

☐ 5K Run ☐ 5K Health Walk ☐ Age on Race day

Category:

☐ 19 & Under
☐ 20-29
☐ 30-39
☐ 40-49
☐ 50-59
☐ 60-69
☐ 70 & Over

In consideration of the acceptance of this entry: myself and my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against Trauma Intervention Program of Merrimack Valley, Inc.; the TIP Family 5K Committee; and all sponsors for any and all injuries suffered by me or competing in, and traveling to and from this event. I attest I am physically fit and sufficiently trained to compete in this event. I also willingly release my image for photography, video and film cameras which may chronicle this event.

Signature _____ Date _____

Parents Signature (if applicable) _____ Date _____

All applications must be signed. If under 18, signature of parent or guardian also required.