



Pathways to Care



Pathways To Care 5K Run/Walk & 10K Run



City of Longwood
175 West Warren Avenue
Longwood, FL 32825

Enjoy a 5k run or walk or an optional 10k Run competition around Longwood. With music, food, raffle prizes, and free t-shirts, everyone is sure to have a great time. Proceeds will be benefiting Pathways to Care. Come exercise and support Pathways to Care!

Date: March 28, 2009

Place: Seminole Dog Track (Dog Track Road)

Time: Registration and check-in is from 6:30 to 7:00 AM. The 5K run/walk & 10K begins at 7:30 AM.

5k Entry Fee: \$20 before 3/15/2009, and \$25 after 3/15/2009. Please make checks payable to: PTC

10k Entry Fee: \$25 before 3/15/2009, and \$30 after 3/15/2009. Please make checks payable to: PTC

Form Mail or Drop-off: Return pre-registration form before 5:00pm to Pathways to Care (Attn: John Barrett) (located at 430 Plumosa Ave. Casselberry, FL 32707) or you can register on line at www.Altavistasports.com

Prizes: Prizes will be awarded to the top male and female finishers, and finishers will receive a special gift.

T-Shirts: All participants receive a T-shirt commemorating participation and support of Pathways. To receive your t-shirt on race day, you must sign up by March 15 to guarantee a correct fitted shirt.

For More Information: Contact John Barrett at 321.287.5498, Harold Michel at 407.977.6411, or Pathways To Care at (407) 388-0245. You may also visit our website: www.runforPTC.com.

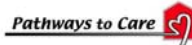
Name: _____ Phone: (____) _____ Email: _____

Age: _____ Emergency Contact: _____ Relation to Emergency Contact: _____

Emergency Contact Phone: _____ Gender: M F T-shirt size: S M L XL

Credit Card # _____ Exp Date ____/____ CVS _____ V _____ MC _____ AX _____

5K Run/Walk _____



10K Race _____

WAIVER: MUST BE SIGNED BY PARTICIPANT AND BY PARENT OR GUARDIAN IF UNDER 18: In signing this waiver I hereby waive any and all claims for myself and my heirs against any and all sponsors or organizers of the PTC 5K Run/Walk & 10k Race, for injury or illness which may directly or indirectly result from my participation. I know that participating in strenuous physical activity, such as running 3.1 miles, is potentially a hazardous activity. I, the undersigned, am medically able, properly trained, and in proper physical condition to participate in this event. I assume all risks associated with this event including but not limited to, falls, contact with other participants, weather, high heat, humidity, the conditions of the road, and traffic on the course. I agree to abide by the decisions of the race officials on all event matters including participation. T-shirt sizes are not guaranteed, nor are shirts guaranteed the day of the race for late registers. Sponsors and organizers reserve the right to postpone, cancel, or modify the vent due to weather conditions or other factors beyond the control of the organizers which might affect the health of the participants. NO REFUNDS.

Signature: _____ Parent/Guardian _____

Pathways To Care, Inc

430 Plumosa Ave. Casselberry, FL 32707 Phone: 407-388-0245 Fax: 407-388-0478

Web: www.pathwaystocareinc.org