

# Walker & Race Form



**Date:** Sunday, April 11th, 2010  
Rain or Shine

**Location:** Annunciation Parish Hall  
401 Brookline Boulevard  
Havertown, PA

**Distance:** 5K Run and 1 Mile Walk  
All participants registered by  
**March 25th** will receive a free t-shirt.  
Participants registering after March 25<sup>th</sup>  
and on the day of the race will receive  
a t-shirt while supplies last.

### Prize Categories

- Overall Male & Female
- Age Groups  
10 & under, 11-13, 14-19,  
20-29, 30-39, 40-49,  
50-59, 60 & over

### Teams Welcomed

### Schedule of Events:

**Saturday April 10th** 2:00 pm-5:00 pm  
Pre-Race Registration and race packet pick-up  
Boulevard Bar and Grille  
Brookline Boulevard

### Sunday April 11th

1:30 pm Registration and race packet pick-up  
Annunciation Parish Hall  
2:45 pm Warm-up Stretch  
3:00 pm Runners Start  
3:01pm Walkers Start  
4:00 pm Awards Ceremony

5:00 pm Post Race Party and Raffle  
Brookline Fire House  
Darby Road

**Sponsorship Forms** can be found on the  
home page of the web site: [www.kevincain.org](http://www.kevincain.org)

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

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

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

Age on Race Day \_\_\_\_\_  Male  Female

Entry Type (pick one):  Runner  Walker

T-Shirt Size  S  M  L  XL  XXL  XXXL

Youth  S  M  L  XL

**Fee:** \$20 Pre-registration

\$25 Registration day of race

\$10 Kids 13 and under

\$15 Kids Registration day of race

I am unable to participate, but please accept  
my donation of \$ \_\_\_\_\_

Waiver: In consideration of being permitted in this event, I hereby for myself, my heirs and personal representatives assume any and all risks which might be associated with this event, and I further waive, release, discharge and covenant not to sue sponsors, officials, contributors, organizers, volunteers and beneficiaries or their successors and assigns for any and all injuries and damages of any kind whatsoever suffered by me as a result of taking part in the event and related activities. I also give permission for free use of my name and picture in any broadcast, telecast or other account of the event.

One signature per application. Photocopies are Acceptable.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Parent or co-signature if under 18 Date

Make checks payable and mail to:  
**Kevin Cain Memorial Foundation**  
PO BOX 536  
Havertown, PA 19026