



The American Diabetes Association & Colonial Road Runners proudly present: **The 9-th Annual**

Christopher's 5-K Run & Walk for Diabetes

Memorial Day: Monday May 30, 2011

5-k Run/Walk=11:00AM

Kids 1/2 Mile Fun Run Start Time = **9:45AM**

West Bridgewater Senior Center-Council On

Aging: 97 West Center Street, W Bridgewater MA 02379

(Next to the W.Bridgewater Fire Dept.)



Course:

The **3.1 mile** race is run on (well marked) paved roads, along a loop through the scenic town of West Bridgewater. Race starts in front of Friendship Park (Howard Street).

Kids Run:

1/2 mile fun run which is **\$8.00 (\$10 after 5/2/11)** & is open to all children 3-12 years old <must have parents permission>. Ribbons & refreshments for all participants. **MUST OFFICIALLY SIGN UP.** Kids Run starts promptly at 9:45am. 5-k Run starts promptly at 11:00am

5-K Entry Fee:

\$15 Pre-Entry (postmarked by May 2): \$20 -after- May 2 through race day.

Race-day registration: **Kids Run**-8:15-9:30am **5k**-8:00-10:45am **both** at W.Bridgewater Senior Ctr.

5-K Amenities:

- **TEE SHIRTS** to FIRST 200 **Pre-Registered 5-k Runners & Walkers**-None for Kids Run – Sorry!
- Professionally Timed with Mile Markers and (1) Water Station on the Course.
- **\$5.00 Discount for Diabetic Participants.** • Post-Race Refreshments.

Awards:

Awards for Male and Female Overall and Division Winners.

Divisions:0-19, 20-29, 30-39, 40-49, 50-59, 60-69, 70+ (Special Awards for diabetic finishers)

Directions:

Route 24 to Exit 16-A(Route-106) Towards West Bridgewater. Follow Route-106 for about 1.6 miles to West Bridgewater Senior Center ~ Council On Aging, which is on the left: 97 West Center Street, West Bridgewater, MA 02379 (next to W.Bridgewater Fire Department).

Information:

Frank Nelson, (508) 208-5377, **email: ChristophersRun@colonialrunners.org**

Online Information -&- Registration: www.colonialrunners.org/ChristophersRun

~Net proceeds & donations will benefit The American Diabetes Association~

[Please CUT Christopher's 5-K Entry Form on the dotted line and RETURN with APPROPRIATE PAYMENT.]

5-K FEE: \$15 postmarked by May 2, \$20 thereafter, through race day. Race Amount: \$ _____

YES, I would like to make an additional contribution to the American Diabetes Association. Amount: \$ _____

KIDS FUN RUN \$8 by May2, \$10 thereafter through race day <AGES 3-12> Kid's Run Starts at 9:45am \$ _____

DISCOUNT OPTION >> Diabetic Participants <\$5.00> _ Type 1 _ Type 2 _ Other **DEDUCT: \$ < - >**

MAKE CHECKS PAYABLE TO: American Diabetes Association Total Enclosed: \$ _____

Send to: Frank Nelson, 1701 Plymouth Street, Bridgewater, MA 02324

Name (first) _____ (last) _____

Diabetic Y-or-N ____ Sex(M-or-F) ____ Street _____

Age on 5/30/11 ____ City/Town _____ State ____ Zip _____

Telephone _____ Shirt Size ____ E-mail _____@_____.

RELEASE AND WAIVER: I assume all risks associated with running in this event. In consideration of your accepting this entry, I hereby for myself and my heirs, executors, or administrators, waive and release all rights and claims for damages I may have against the American Diabetes Association, the Colonial Road Runners, the Town of W.Bridgewater, W.Bridgewater Council On Aging, any sponsors, all race officials and volunteers, and any other individuals or organizations associated with this event, for any death, personal injury, or property damage arising from or in the course of my participation in this event.

SIGNATURE: _____ **(Parent/Guardian if Under 18)**