



# 10<sup>th</sup> Annual Teal Ribbon 5K Run and 1 Mile Walk for Ovarian Cancer Awareness and Research Sunday, September 18, 2011 – 9:00 a.m.



- Course:** Both the 5K run and 1 mile walk start and finish at the **Washington Park Lake House** on the west (Madison Avenue) side of the park. Paved roads throughout.
- Awards:** Awards will be given to 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> place overall winners for both male and female runners, and to overall winning runners in each age group. No duplication of runner awards. Age Divisions: Under 15; 15-19; 20-29; 30-39; 40-49; 50-59; 60-69; 70 & over.  
Awards will also be given to: Individual walkers with the top 5 pledges; teams (2 member minimum) with top 5 pledges; 3 teams with the most walkers; and 3 teams with the most runners.
- Entry Fee:**
- Individuals:** \$15 Pre-registration before September 1 only; Register onsite for \$20 after September 1
  - Team Members:** \$12 Pre-registration before September 1 only; Register onsite \$20 after September 1
  - Children:** \$5 ages 10 and under



**Registration on the day of Run & Walk begins at 7:45 a.m. at the Washington Park Lake House**

**\*\*\* FREE T-SHIRTS TO THE FIRST 600 REGISTERED PARTICIPANTS \*\*\*PRE-REGISTER TO GET A T-SHIRT**  
**To collect donations online for you or your team, please visit**  
[www.firstgiving.com/CaringTogether](http://www.firstgiving.com/CaringTogether)

**SPONSORED BY CARING TOGETHER, INC. \*1996 – 2011\***  
*Providing Ovarian Cancer Support, Education & Research Funding*

Ovarian Cancer Awareness Displays	Children's Area Face Painting * Clowns	Refreshments & Raffles
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**For important race day and parking information, please visit: [www.CaringTogetherNY.org](http://www.CaringTogetherNY.org)**



*Mail Entry Form and Check To:*  
**Caring Together, Inc., PO Box 12383, Albany, NY 12212-2383**



Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_ Age on Race Day: \_\_\_\_\_

**Sex:**  Male  Female **I am a:**  Runner  Walker

**I have participated in this race for \_\_\_\_\_ years (collecting because it is our 10<sup>th</sup> anniversary)**

Shirt Size (circle one):      Adult – SM MED LG XL XXL      Child – SM MED

No Shirt (please use all money towards research) \_\_\_\_\_

Team Member?  Yes  No    If yes, enter **Team Name** \_\_\_\_\_

**NO STROLLERS OR DOGS ON RUN COURSE PLEASE.**

*WAIVER: In consideration of my entry into this Run/Walk, I hereby release any and all claims against the City of Albany and Caring Together, Inc. and any and all sponsors and their representatives and any official or participant for any injuries I may suffer in conjunction with this race. I certify that I am in good condition and have trained for this race. I hereby grant permission to any and all of the forgoing to use any photographs or records of this event.*

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

Signature of Parent or Guardian (required if participant is under age 18): \_\_\_\_\_



# 10<sup>th</sup> Annual Teal Ribbon 5K Run/1Mile Walk Sponsorship Pledge Form



Please help raise funds for ovarian cancer research and education by asking your family, friends, neighbors and colleagues for their support.

To collect donations online for you or your team, please visit [www.firstgiving.com/CaringTogether](http://www.firstgiving.com/CaringTogether)

**PARTICIPANT NAME:** \_\_\_\_\_ **TEAM NAME** (if applicable): \_\_\_\_\_

*Pledges collected in honor/memory of:* \_\_\_\_\_

	Sponsor's Name	Sponsor's Address/ Phone Number	Amount Pledged	Method of Payment		
				Cash	Check	Online Donation
1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(Attach additional page if necessary)	<b>GRAND TOTAL</b>		\$		

Pledges are TAX DEDUCTIBLE and can be brought to the event or mailed to:

*Caring Together, Inc., P.O. Box 12383, Albany, NY 12212-2383*



**Race With Us**



**Linda Austin**

**Women's Cancer Care Associates**



**Sardella Family**



**Ann Kieler, MD**  
*In memory of Diana Burns*



*Murray and Zuckerman, Inc.*

**June & Al Gainer**



**Robert Killough**



**Keeler Motor Car Co.**

**Nurse Practitioner Association of NYS**

*St. Mary's Healthcare*