

17th Annual Caring Together Teal Ribbon 5K Run/1 Mile Walk for Ovarian Cancer Research and Awareness Sunday September 9th, 2017 Albany's Washington Park

7:45 am – Registration
8:45 am – Welcome
9:00 am – 1 Mile Walk
9:10 am – 5K Run
10:15 am – Awards

*Chip timing for all runners
*Race Awards
*Team pledge awards

*Optional pre-race packet
pickup
Saturday, September 8th
Fleet Feet
155 Wolf Rd
10am-2pm

Register by August 31st for
Race Shirt and special
pricing!
\$15 team members
\$17 Individuals
\$5 Children age 10 and under
Price September 1st to 10th
\$25 All Runners and Walkers



<http://www.runsignup.com/Race/Events/NY/Albany/TealRibbonRunWalk>



SPONSORED BY CARING TOGETHER, INC.
Providing Ovarian Cancer Support, Education & Research Funding

For important race day and parking information, please visit: www.CaringTogetherNY.org
Contact Kelly Quist-Demars with any questions – tealribbonrace@gmail.com or 518-866-1147

Mail Entry Form and Check Payable to: Caring Together, Inc., P.O. Box 64, Delmar, NY 12054

Last Name: _____ First Name: _____ Age on Race Day: _____

Address: _____ Phone: _____

Email Address: _____

Sex: Male Female

I am a: Runner Walker

Team Member? Yes No If yes, enter Team Name _____

Shirt Size (circle one or check below): Adult – SM MED LG XL XXL Child –MED *sizes not guaranteed

No Shirt (please use all money towards research) **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 foregoing to use any photographs or records of this event.

Signature: _____

Date: _____

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

17th 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

<http://www.runsignup.com/Race/Events/NY/Albany/TealRibbonRunWalk>

PARTICIPANT NAME: _____ TEAM NAME (if applicable): _____

Pledges collected in honor/memory of: _____

	Sponsor's Name <i>Attach additional page if necessary</i>	Sponsor's Address	Amount Pledged	Method of Payment	
				Cash	Check
1				<input type="checkbox"/>	<input type="checkbox"/>
2				<input type="checkbox"/>	<input type="checkbox"/>
3				<input type="checkbox"/>	<input type="checkbox"/>
4				<input type="checkbox"/>	<input type="checkbox"/>
5				<input type="checkbox"/>	<input type="checkbox"/>
6				<input type="checkbox"/>	<input type="checkbox"/>
7				<input type="checkbox"/>	<input type="checkbox"/>
8				<input type="checkbox"/>	<input type="checkbox"/>
9				<input type="checkbox"/>	<input type="checkbox"/>
10				<input type="checkbox"/>	<input type="checkbox"/>
Pledges are TAX DEDUCTIBLE and can be brought to the event or mailed to: <i>Caring Together, Inc., P.O. Box 64, Delmar, NY 12054</i>				GRAND TOTAL \$	

Thank you to our GOLD sponsors!

