



2nd Annual 5K/10K Run/Walk for A Mother's Wish
Embracing families affected by breast cancer.



Lake Orion Community Education

Saturday, October 6th, 2012 9am @ Lake Orion High School

WHAT: 2nd Annual 5K Walk & Run and 10K Run for A Mother's Wish Foundation in affiliation with Lake Orion Community Enrichment.

2011 Recap: On October 15, 2011, 500+ walkers, runners and volunteers braved the cold and the rain to support the inaugural A Mother's Wish 5K/10K walk/run at Lake Orion High School.

WHERE: Lake Orion High School (495 East Scripps Rd.) in the lower parking lot on the northeast corner of the school.

REGISTRATION: Register by mail using the bottom half of this form or go to the secure LOCS Community Education Website (http://rp.lakeorion.k12.mi.us/) to sign up on-line. Day of Registration opens at 7:30am in the LOHS Lower Natatorium Lobby located at the northeast (back) corner of LOHS.

Mail Entries To: Lake Orion Community Enrichment *Make Checks Payable To: Lake Orion Community Schools C/O A Mother's Wish 10K/5K Race 455 E. Scripps Rd. Lake Orion, MI 48360

COST: \$25 per person if registered before September 26. Entries received after this date will include a \$5 late fee. (Kids 8 years old and under are free.) High quality, official race T-Shirts will be given to all pre-registered entrants.

AWARDS: To Top 3 Finishers in each Division. Special awards going to: Top Overall Male and Female Finishers. All runners will be timed using Chip Timing System supplied by Hanson's.

MORE INFO: Music & entertainment provided by DJ CRASHERS. Post-race food & beverages will be provided during the awards ceremony.

Contact Race Directors: Ben Gerdeman @ (248) 693-5436 ext 1, Donna Bertacini @ (248) 660-3800 or Carol St. Henry (248)459-0735

Please Cut & Mail the Form below with your Entry Fee

Saturday, October 6th, 2012 9am

Name (print) _____

Address _____

City State & Zip _____ Phone Number _____ Age (Race day) _____

E-Mail: _____ (USED FOR RACE PURPOSES ONLY)

Who are you walking/running for? *In Memory of (Breast Cancer Loved One): _____ or *In Support of (Breast Cancer Warrior) : _____ * Names will be included in the Event Flyer on Race Day if received before 9/26/12. Please print clearly.

T-Shirt Size (Adult sizes): Youth Large _____ Small _____ Med. _____ Large _____ XL _____ XXL _____ XXXL _____

Running Race Divisions: Male _____ Female _____ 5K Walk _____ 5K Run _____ 10K Run _____

Age Range: 13 & Under _____ 14-18 _____ 19-25 _____ 26-35 _____ 36-45 _____ 46-55 _____ 56 & Over _____

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Race Waiver

By submitting this form, I hereby release or discharge Lake Orion Community Schools, its agents, employees, volunteers, and race sponsors from all claims, damages, injuries, actions, judgments and executions arising out of the participation in this program. I hereby state that I am medically able and have properly conditioned for this race, and I am voluntarily competing in this event on my own personal accord.

I have read and understand all of the above statements and by my signature indicate my willingness to abide by them.

Athlete's signature (parent or guardian if under 18): _____ Date: _____