

June 20, 2015



Proceeds to Benefit:

Desmoid Tumor Research Foundation & New York Organ Donor Network

Place: Chadwick Lake - Newburgh, NY

Start Time: 4 mile run 9:15 am 4 mile walk 9:25 am Award Ceremony 10:45 am

Kids' ¼ mile fun run to follow award ceremony (approximately 11:30am)

By June 6th 2015 \$18.00 Kids ¼ mile Fun Run \$10.00 **Pre-Registration:**

Friday June 19th Chadwick Lake Pavilion 5:30-7:30pm Packet Pick-up: Race day starting 7:00am

After June 6th \$25.00 Adults walk / run \$10.00 Kids ¼ mile fun run; **Registration:**

June 20th On Site Check in: 4 mile walk /run - 7:00 - 8:45 Kids ¼ mile fun - 7:00 -1030

Course: Run & Walk – 4 mile lap around scenic Chadwick Lake Kids Fun Run - 1/4 mile run

Bring the family to enjoy some food and fun!!

(Non-racers will be charged \$5 for food – fun is free for everyone)

Health Fair • Massage • Raffles • Silent Auction

Way too many extras to list here – please see the website (www.lap4life.org)

PRE-REGISTER EARLY TO GUARANTEE YOUR T-SHIRT

(Shirts to first 400 pre-registered)

Race Bags with great giveaways will be supplied to the first 200 adult racers to pick up their numbers.

Prizes/Trophies awarded to top male & female run finishers. Trophies to 1st Place male & female walkers.

Medals awarded to first 10 Walkers and to all Children participating in Fun Run.

See Website for details about run trophies (top 3 male/female age group finishers / Group-RUN top 2 only).

Help Raise Money for the Cause by Donating see Pledge Page on our website www.lap4life.org

Person who raises the most wins a prize!

All donations are tax deductible - registered 501(C)3. Checks should be made out to: Lap4Life Foundation

More Information: Contact Race Director, Maddalena Casabianca-Reade at:

(845)325-3685 or madd@lap4life.org or visit www.lap4life.org

Make checks payable to: "Lap4Life Foundation" and mail with bottom portion of flyer to:

Lap4Life 54 North Plank Rd Newburgh, NY 12550

In consideration of accepting this entry, I, the undersigned, intending to be legally bound, for myself, my heirs, executors, and administrators, waive and release any and all claim for damages I may have against Lap4Life, and any other sponsors, their representatives and successors for any and all injuries suffered by me in this event. Photo Consent: Signing below gives my consent that photograph, videotapes, and/or movies may be taken of me by Lap4Life or an agent/volunteer thereof, for purpose of publication in the media, including newspaper, television and the World Wide Web. These items may be published, shown, exhibited or otherwise used by lap4life for advertising or other purpose without my prior approval. I grant this consent as voluntary contribution to lap4life.

Name:		Circle Race:	4 mile walk /	/ 4 mile run	/ Kids Fun Run
Address:		Gender:	Male	Female	(circle one)
		Age on Race D	ay:		
Phone:		T-Shirt Size (ad	ult) small	medium	large XL
Email:		T-Shirt Size (ch	ild) small	medium	large
Signature:	Check box if participating in a Team Challenge 🖂				
	(Parent signature if under 18)	Corporation/Team Name: _			
Washingtonville Pediatrics		Circle team type if applicat	ole: Teacher/S	tudent/Poli	ice/Fire/Other















