



9th Annual Teal Ribbon 5K Run and 1 Mile Walk for Ovarian Cancer Awareness and Research Sunday, September 12, 2010 – 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 1st, 2nd, and 3rd 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

SPONSORED BY CARING TOGETHER, INC. *1996 – 2010*
Providing Ovarian Cancer Support, Education & Research Funding

Ovarian Cancer Awareness
Displays

Children's Area
Face Painting * Clowns

Refreshments &
Raffles

For important race day and parking information, please visit: 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** 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: Team Stryjek

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): _____



9th 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

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) | GRAND TOTAL | | \$ | | |

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

Bryant Asset Protection



Kathy & Bob Hinckley

Race With Us



Women's Cancer Care Associates



Linda Young Ovarian Cancer Support Program at Benedictine Hospital Member of the Health Alliance of the Hudson Valley Kingston, New York - 845-334-3171



Ann Kieler, MD



Sardella Family



*Murray and
Zuckerman, Inc.*

Nurse Practitioner Association of NYS



A plan for life.



Robert Killough

