



# 1<sup>st</sup> Annual Autism Awareness 5k & 1 mile Fun Walk



to benefit the Autism Program  
at the **Preschool Learning Center**

**Date & Time:** Saturday, August 21, 2010 at 9:30 a.m.

**Location:** Preschool Learning Center • 393 North St. Springville, NY

**Packet Pick-up or Registration:** Preschool Learning Center Friday August 20 noon – 4:00 or race day 8:00 am

**Entry Fee:** \$18 includes race fee, shirt & pancake breakfast • \$23 day of race  
Additional pancake breakfast tickets available for \$5 (*bring the whole family!*)

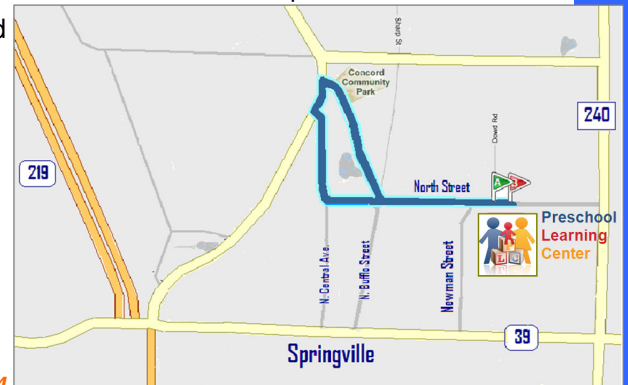
**Designer Shirts:** T-shirts for all runners registering before August 7, 2010. All others will be limited to stock on hand.

**Checks Payable & Mail To:** Preschool Learning Center • 393 North St. Springville, NY, 14141

**Awards:** Awards to the top overall male & female plus 1<sup>st</sup> and 2<sup>nd</sup> in each of the following age groups: 14 & under, 15 to 19, 20 to 24, 25 to 29, 30 to 34, 35 to 39, 40 to 44, 45 to 49, 50 to 54, 55 to 59, 60 to 64, 65 to 70, 70+. Awards to top 3 fundraisers.

**Course:** A fast 5k through rolling hills, starting and ending at the Preschool Learning Center

**Post Race Pancake Breakfast:** A deluxe pancake breakfast will be served immediately following the race.



Register online at [www.preschoollearningcenter.org](http://www.preschoollearningcenter.org)

or mail completed form with payment to:

**Preschool Learning Center  
393 North St. Springville, NY, 14141**

Event Sanctioned by USATF #10-04-140



Event organized as an Eagle Scout Service Project by Jason Forshee Troop 524

**WAIVER:** In consideration of acceptance of this entry, I for myself, my heirs, executors & administrators do hereby discharge the Preschool Learning Center League for the Handicapped, Inc., the Kiwanis Club of Springville, the Boys Scouts of America, the race organizers, volunteers, and any and all sponsors and sanctioners of the race for all injuries and losses suffered by me from competing in or attending this said event. I certify that I am in good physical condition and capable of participating in this event.

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
M. I.

Shirt Size (circle one)  
S M L XL

\_\_\_\_\_  
Number & Street

\_\_\_\_\_  
Town/City

\_\_\_\_\_  
State/Prov.

\_\_\_\_\_  
Zip/Postal Code

\_\_\_\_\_  
Sex (M/F)

\_\_\_\_\_  
Age on Race Day

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Signature

\_\_\_\_\_  
If Under 18 Parent or Guardian Signature

Race Fee \$18  (nonrefundable)

# Additional pancake breakfast tickets at \$5.00 each \_\_\_\_\_

Total Amount Enclosed \$ \_\_\_\_\_

Make checks payable to: **Preschool Learning Center**