Pumpkin Run

Harvesting Hope for Children
5K Run and 2 Mile Family Fun Walk

Date & Time:	Saturday, October 16, 2010 at 10:30 a.m. Costumes encouraged for participants of all ages
Location:	Gateway-Longview Lynde School Campus 6350 Main St., Williamsville, NY 14221
Entry Fee:	$20 pre-registered by Wednesday, October 13, 2010 $25 day of race Children 12 and under FREE (US Funds only)
Pre-Registration Pick Up:	6350 Main St., Williamsville, NY 14221 Friday, October 15, 2010 from 4 p.m. - 7 p.m.
Race Day Registration:	Saturday, October 16, 2010 9 a.m. - 10:15 a.m.
Checks Payable to:	**Gateway-Longview Foundation**
Mail to:	Robert O'Connor 605 Niagara St. Buffalo, NY 14201 Phone - (716) 783-3356 **OR** Register online at: www.buffalopumpkinrun.com
T-Shirts:	Fall festive T-shirts to all pre-registered
Awards:	Awards to the first overall male & female, plus top 3 in each age group (male & female): 14 & under, 15-19 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54 55-59, 60-64, 65-69, 70+ (no duplicate awards)
Course:	The event is sanctioned by USATF Certified to be accurate by the USATF # NY07113KL Map of course available at: www.buffalopumpkinrun.com
Finish Line:	WNY Finish Line Services
Post Race Party:	Family friendly fall festival featuring a live band, food, children's activities & crafts, free post race massages from Licensed Massage Therapists, costume parade, and much more.

In consideration of your accepting this entry and permitting me to attend or participate therein, I for myself, my heirs, executors, and administrators, do hereby discharge Gateway-Longview, Inc. National Fuel Gas Company and its affiliates, officers and employees, the race organizers, event volunteers and any and all sponsors and sanctioners of the race for all injuries and losses suffered by me from competing in or attending said event.

LAST NAME FIRST NAME M.I.

STREET ADDRESS

TOWN/CITY STATE ZIP / POSTAL CODE AGE (day of) SEX

PHONE NUMBER E-MAIL ADDRESS

T-SHIRT SIZE: **S, M, L, or XL** (Circle One)

☐ 5K RUN ☐ 2 MILE WALK (Check One) # OF CHILDREN 12 & UNDER: ☐

SIGNATURE PARENT SIGNATURE (if under 18)

PSN/BIB (race use only)

If referred by an employee of Gateway-Longview, please list their name: _____