



Community Service Foundation's Run to Restore Connections

Rain or Shine!



When: Saturday, October 2, 2010
Registration Opens 7:30 a.m.
Race begins at 9:00 a.m.

Where: Peace Valley Park
New Galena Road (between Rtes. 152 & 313),
Doylestown, Pa. 18901, **Pavilion #3**
(Near Sailor's Point), West Woods Parking Area
Park Office: 215-822-8608

- * **Professionally timed** by Pretzel City Sports
- * **Registration Fee:** \$25 before 9/27/2010
\$30 after 9/27/2010
- * **Register online** at www.csfbuxmont.org/5K until 9/27/2010
- * **For more information,** call 215-348-8881

Event Includes:

- * Official Race T-Shirts for the First 200 Registrants
- * Door Prizes
- * Award Ceremony



Help CSF in its mission to provide education, counseling, foster care and other services to help young people and their families to grow and change through restorative practices. CSF has helped more than 9,000 young people make lasting changes in their lives.



Event Sponsor



sponsor the Event

Name: _____

Address: _____

Phone: _____

Email: _____

Sponsorship Type:

- \$250:** Sponsor name displayed in large letters & premier location on back of CSF Run to Restore Connections T-shirts, individual placards along race route and in prominent position at registration pavilion, plus announced at award ceremony.
- \$100:** Sponsor name appears on back of CSF Run to Restore Connections T-shirts, and on sign at registration pavilion.
- Sponsor a Runner (\$25):** Sponsor a CSF youth to run or walk in the CSF Run to Restore Connections. Total youth sponsorships ____.

Sponsor Name: _____
(To appear in signage and promotion)

May we include this name in CSF publications (e.g., Annual Report) and press releases?

- Yes
- No, I would prefer not to have my name listed.

Race REGISTRATION Form

Please register me for the:

Run Walk

Registration is \$25 until 9/27/2010, \$30 thereafter.

Name: _____

Full Address: _____

City _____ State _____

Zip _____

Phone: _____

Email: _____

Male Female

Age on Race Day: _____

T-Shirt Size: S M L XL XXL

WAIVER With my signature, I acknowledge that running/walking are inherently strenuous activities and that no event is without risk. I have consulted with my physician regarding my physical capability to participate in this event and am following my physician's advice. I hereby waive all claims against the organization holding this event, all event sponsors and volunteers and any personnel functioning with respect to the event for any injury, accidents or physical conditions I might suffer in this event. I grant full permission for organizers to use my name, likeness, voice, photograph, videotapes or quotations from me in accounts and promotion in any medium of this event and of the activities of Community Service Foundation.

Participant Name

Signature/Date

Parent/Guardian Signature/Date