

The Event

Check-in begins Sunday, September 27th, 2009, at 9:00AM on The College at BROCKPORT campus at Special Olympics Stadium.

The race will begin promptly at 10:00AM. Awards and prize drawings will follow the finish of the race at 11:00AM. Awards will be given in the following categories:

- Overall 5K Race Male Winner for:
 - Runner Athlete
 - Walker Athlete
 - Wheelchair Athlete
- Overall 5K Race Female Winner for:
 - Runner Athlete
 - Walker Athlete
 - Wheelchair Athlete
- Categories 1st place winners for each age group and gender.
 - 9-18
 - 19-29
 - 30-39
 - 40-49
 - 50-59
 - 60-69
 - 70+

Race gifts to the first 75 registrants

For more information contact:
JoLynne Corsi-Miller at (585) 395-5974

Check out the Web for more information at
www.brockport.edu/recservices

2009 Homecoming Weekend 5k Run, Walk, & Roll Entry Form

Last Name: _____ First Name: _____ M.I. _____

Street Address _____

Town/City _____ Email Address _____

Home Telephone _____ Work Phone _____

Sex (M/F) : _____ Age _____ Social Security # _____

Race Waiver:

I know that participating in a road race is potentially a hazardous activity. I should not enter unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely to complete the Run, Walk, & Roll. I assume all the risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of you accepting my entry, I, for myself and anyone entitled arising out of my participation in this event though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. Entry fee will not be returned due to "acts of God."

Signature: _____ Date: _____

Parent's Signature (If under 18 years) : _____ Date: _____

Will be participating in the race as (select the one that applies to you).

Runner _____ Walker _____ Wheelchair athlete _____

***Early Registration Fees:**

Entry Postmarked by 9/18/2009

___ \$12 -General Public

___ \$7--Faculty/Staff/Alumni

___ \$3-Students

***Late Registration Fees:**

Entry postmarked after 9/18/2009

___ \$15-General Public

___ \$10-Faculty/Staff/Alumni

___ \$5-Students

Please make checks payable to: **The College at BROCKPORT, Recreational Services.**

Cash is also acceptable.

Please mail registration to: Department of Recreational Services,
Attention Julienne Corsi-Miller, 350 New Campus Drive, Brockport, NY 14420.

jcorsi@brockport.edu