7th Annual TIP Family

5K Run/Walk in Memory of
TIP Volunteers *Brenda and Don Waller*

Sunday, November 3, 2013

PLACE: Claddagh Restaurant & Pub
339 Canal Street
Lawrence, MA

Medals Awarded to Top 3 in each category

TIME: WALK 10:30 AM RUN 11:00 AM
COST: Pre-entry $25 Post Entry $ 30
Both races $40
Sponsorship Pledges of $50 for TIP race only

Pre-Entry:	October 2, 2013 (for Both races) October 30, 2013 (for TIP race only)
Make Checks Payable:	TIP of Merrimack Valley
Mail Entries To:	TIP Family 5K 68 Main Street Suite 8 Andover, MA 01810
More Info Call:	978-475-8477

NEW THIS YEAR!!!

Finish **both** the **2 Ribbon 4 Miler** on Sunday, Oct. 6 and the **TIP 5K** on Sunday, Nov 3 and receive a special commemorative medal noting your accomplishment!

Enter both races at a reduced fee of $40 for both!

Both races held at Claddagh Restaurant & Pub

FREE FOOD FUN REFRESHMENTS

T-SHIRTS TO FIRST 200 ENTRANTS

Trauma Intervention Program of Merrimack Valley
68 Main Street Suite 8
Andover, MA 01810

SPONSOR SHEET

SPONSOR'S NAME	AMOUNT CONTRTIBUTED	SPONSOR'S NAME	AMOUNT CONTRTIBUTED

ENTRY FORM

Please make checks payable to: **TIP of Merrimack Valley**
Entrants obtaining pledges can pick up their number at the pre-registration tables, the day of the race, but should send application form with waiver checked. For more information call TIP office 978-475-8477

***BOLD** Items are required fields please make sure you fill the whole form out*

☐ ***Check box if you are entering both races***

Name _____ Male ☐ Female ☐
Address _____
City _____ **State** _____ **Zip** _____
Telephone _____ **E-Mail Address** _____

☐ 5K Run ☐ 5K Health Walk ☐ **Age on Race day**

Shirt Size (Circle One) S M L XL

Category:

☐ **15 & Under** ☐ **30-39** ☐ **60-69**
☐ **16-19** ☐ **40-49** ☐ **70 & Over**
☐ **20-29** ☐ **50-59**

In consideration of the acceptance of this entry: myself and my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against Trauma Intervention Program of Merrimack Valley, Inc.; the TIP Family 5K Committee; and all sponsors for any and all injuries suffered by me or competing in, and traveling to and from this event. I attest I am physically fit and sufficiently trained to compete in this event. I also willingly release my image for photography, video and film cameras which may chronicle this event.

Signature _____ Date _____
Parents Signature (if applicable) _____ Date _____
All applications must be signed. If under 18, signature of parent or guardian also required.