

2nd Annual 5K4TJ



moved by his love, life & spirit

5K run/walk

Saturday, June 5th, 2010 - Start time: 10:00 a.m.

Mission: All funds raised will support TJ's Fund for Eating Disorder Research. A \$20,000 dollar research grant was awarded to Dr. Wade (Australia) as a result of this race! 100% of the saved t-shirt money will go to this cause.

Location: Kinawa Middle School; 1900 Kinawa Dr. Okemos, MI 48864

Course: Accurate 3.1-mile run on paved surface.

Registration: Mail entry form or register online at: www.runningfoundation.com

Entry fee: Postmarked by May 30 - \$18
Race day (6/5/10) at Kinawa Middle School - \$25

Age groups: 12-and-under, 13-14, 15-19, 20-24, 25-29, 30-34, 35-39,
40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70-79, 80-over

Run Awards: Prizes to 1st place male and female in each age group, overall winners and masters (40+) winners.

Other Prizes: 1) Grand prizes for participants with the largest contributions to the fund.
2) Prizes drawn from all entrants. (Must be present)

Information: Call Susan Barry (517)381-9051 Email: adin07@hotmail.com

Make checks payable to: T.J's Fund / Susan Barry

Mail to: Susan Barry, 4443 Seneca Dr., Okemos, MI 48864

4pf 'Cpwcw 5K4TJ



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Please print clearly

_____ Last name _____ First name _____ Phone number _____

Entry Fee postmarked by May 30 - \$18
Entry Fee Race Day - \$25

Make Check Payable to and mail to:
T.J's Fund / Susan Barry
4443 Seneca Dr. Okemos, MI 48864

Entry Fee: \$ _____

Contribution: \$ _____ (For T.J's Fund for Eating Disorder Research)

Total: \$ _____

Gender (Circle one): **M** **F** Age on race day: _____

Race (Circle one) **RUN** **WALK**

Waiver: By submitting this entry form, I hereby, for myself, my heirs and my executors, waive and release all rights and claims for damages I may have against Meridian Township, Ingham County, Okemos Schools and all their departments, and all sponsors, and race management organization, for injuries suffered by me in this event. I attest that I have trained sufficiently to participate in this event, and I am physically fit.

_____ Participant's signature & Date _____ Parent's signature if under 18 & Date _____