HARWICH-DENNIS ROTARY CLUB

SIXTH ANNUAL

ROBERT STONE MEMORIAL 5K RUN-WALK ROAD RACE

TO BENEFIT *HARWICH FAMILY PANTRY*

AND

ROTARY CLUB of HARWICH-DENNIS GOODWORKS FOUNDATION, INC.

WHERE: STARTS AND ENDS AT WEST DENNIS BEACH, WEST DENNIS, MA.

WHEN: RACE TIME 10:00 AM, SATURDAY, APRIL 17, 2010

ENTRY FEE: 1 BAG OF NONPERISHABLE GROCERIES (10 item minimum), and
$10.00 FOR ROTARY CLUB OF HARWICH-DENNIS GOODWORKS FOUNDATION, INC.
$5.00 FOR CHILDREN UNDER 12, IF ACCOMPANIED BY ADULT
PREREGISTRATION UNTIL APRIL 13TH 2010 (Post Mark)
DAY OF RACE: $15.00 PLUS ($15.00 in lieu of groceries)
REGISTER ON LINE - www.active.com

***PRIZES ACCORDING TO CATEGORIES, FREE CHILI, RAFFLE AND FUN!

AFTER PARTY AT DOG LEG PUB, 825 OLD BASS RIVER ROAD, DENNIS, MA. (DENNIS HIGHLANDS)

FREE LONG SLEEVE T-SHIRT FOR 1ST 100 PRE-REGISTERED RUNNERS/WALKERS

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REGISTRATION: MAIL TO P. O. BOX 188, SOUTH DENNIS, MA 02660

NAME: _____

ADDRESS: _____

Street Address City State Zip

TELEPHONE: _____ E-MAIL _____

AGE: _____WALK: _____RUN: ____SEX: ___ T-SHIRT SIZE: Adult_____ Child_____

I hereby for myself, my heirs, executors, administrators and assigns, release and waive the Harwich-Dennis Rotary Club, the Town of Dennis, Harwich Family Pantry, any and all race sponsors, volunteers, agents, representatives and successors from any and all claims and liabilities for personal injury, losses, or property damage that might occur during any participation in and travel to and from this event. This release and waiver also applies to injuries or damages arising from or contributed to by any physical impairment or defect I may have, whether know or unknown, latent or patent, and I further agree that there is no obligation to provide a physical examination or any other evidence of my fitness to participate in this event, and that participation is voluntary. I represent that I am physically fit to enter and participate in this event.

ENTRANT:_____ PARENT (IF UNDER 18) _____ DATE:_____