

3rd Annual Mother Teresa 5K



**Benefiting
Mother Teresa
Catholic Elementary School**

**Saturday, April 17, 2010
VOA Park, West Chester**

**8:00 a.m. Registration
9:00 a.m. Start Time**



Registration

Pre-Registration: \$20/\$15 under 18
Race Day Registration: \$25/\$20 under 18

**Pre-Registration Deadline: 4/14/10 • Register online
with Prescott Racing at www.sprunning.com**

Men & Women Run Divisions: 14 & under, 15-18, 19-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-69, 70 & over

Walk Divisions: 29 & under, 30-39, 40-49, 50-59, 60 & over

Awards: Special awards to the top male and female finishers, plus top finishers in each division

Directions: I-75 North or South, east on Tylersville Road, approximately 1/4 mile turn left onto Cox Road. VOA Park on your right past the Target/VOA shopping center.

Additional Information: Contact MTCES Development Director, Noel Balster, at nbalster@mtces.org or (513) 779-6585. Visit www.mtces.org and www.sprunning.com.

Proceeds: All race proceeds benefit educational programming, capital improvement and tuition assistance at Mother Teresa Catholic Elementary School. We thank you for your support!

Race Entry Form

First Name: _____ Last Name: _____ Gender: M F

Address: _____ Daytime Phone: _____

City: _____ State: _____ ZIP: _____

Email: _____

Run Walk Age (on race day): _____

Shirt Size: S M L XL

Checks payable to:
MTCES

Mail entry to:
MTCES c/o Steve Prescott
PO Box 454
Mason, OH 45040
POSTMARK BY: 4/9/10

Waiver: In consideration of the acceptance of my entry, I hereby waive on behalf of my heirs, executors and assigns all claims of any nature arising from my participation in the MTCES 5K, and do hereby release MTCES, the city of West Chester, Steve Prescott, all sponsors, workers, officials, and volunteers from any claim whatsoever arising from my participation in this event. I agree to abide by all the rules for participation and acknowledge that the Race Committee may refuse or return my entry at its discretion. I HAVE NOTED ANY MEDICAL CONDITIONS ON BACK OF THIS FORM.

Entry Signature: _____ Date: _____

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

Emergency Contact Name/Phone: _____ / _____