

STRIDES FOR SHELTER

FIRST ANNUAL 5K RUN/WALK

IN MEMORY OF JIM BELLIZZI

— PROCEEDS BENEFIT THE TRANSPLANT HOUSE AT PENN —

APRIL 4, 2009

(RAIN OR SHINE)

RACE **9:00AM** / RUN

TIME: **9:05AM** / WALK

REGISTRATION **7:30AM - 8:50AM**

HANOVER TOWNSHIP COMMUNITY CENTER PAVILION

3660 JACKSONVILLE ROAD, BETHLEHEM, PA

Pre Registration Deadline March 31 - \$20

Race Day Registration April 4 - \$25

T-SHIRTS TO FIRST 200 REGISTRANTS

Checks Payable to: Strides For Shelter

Send to: Sharon Friedman

4503 Smith Drive

Bethlehem, PA 18017

Contact: strides4shelter@gmail.com

AWARD CATEGORIES

Runners Only

14 & under

15 - 19

20 - 29

30 - 39

40 - 49

50 - 59

60 & over

Plus Overall Male
and Female

**OTHER
PRIZES
AWARDED BY
RAFFLE**

JUST BORN

HARTZELL'S
Pharmacy Inc.



RoadID
Be seen wearing it.

RUNNER'S WORLD

JAMES MARTIN CONNELL
Attorney-At-Law

RC Renaissance Center
Of Plastic Surgery



**MOUNTAIN
SPRINGS
LAKE
RESORT**

**FRIEDMANS
SERVICE**

LIVE MUSIC BY
Friction

NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____

MALE ☐ FEMALE ☐ AGE DAY OF RACE _____

RUN ☐ WALK ☐

T-SHIRT SIZE: M L XL (CIRCLE ONE)

SIGNATURE _____

(LEGAL GUARDIAN IF UNDER 18)

WAIVER RELEASE: In consideration of this entry being accepted, I hereby for myself, heirs, executors, and administrator waive and release any claims I have against University of Penn, Hanover Township and Strides For Shelter, their staff, officers, volunteers, successors and assigns for any and all injuries that may be suffered by me in this event. Further, I state that I am physically able to participate in this event. Baby strollers or baby joggers, in-line skating, dogs on leashes, and bicycles are not permitted in this event.

SPONSOR COLLECTION FORM

— PROCEEDS BENEFIT THE TRANSPLANT HOUSE AT PENN —

REGISTER TODAY!

Register information is on the reverse side.

Thank you gifts awarded to the top 3 who gather the most in fund raising totals. To qualify for your gift, all money must be turned in on or before April 4, 2009.

NAME _____

ADDRESS	CITY	STATE	ZIP
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PHONE _____ EMAIL _____

SPONSOR NAME (Please make all checks or money orders payable to: Strides For Shelter)		AMOUNT DONATED
TOTAL RAISED		

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