



5K Run/Walk Race for SPINAL VICTORY

To Benefit Spinal Cord Research and the
Long Island Spinal Cord Injury Resource Center

WALKERS WELCOME!
Help Support The Cause!



Testaverde Fund for Spinal Cord Injury, Inc.

Sponsored by



Sunday, April 26, 2009 • 9AM Start
NEW LOCATION! Wantagh High School Start & Finish

ENTRY FEE Runners/Walkers \$20 if postmarked by March 25, 2009
\$25 if postmarked by April 20, 2009
\$30 Race Day Registration
Children (14 & under) \$10 if postmarked by March 25, 2009
\$15 if postmarked by April 20, 2009
\$20 Race Day Registration

Call race director for special rates for children's groups.

OR PAY NO ENTRY FEE - Download a sponsor sheet from
www.testaverdefund.org. Collect a minimum of \$50.00 sponsorships.
PLUS receive one Special Raffle Ticket* for every \$50.00 you collect.

AWARDS TOP OVERALL MALE/FEMALE
AGE GROUP - 3 Deep in 5 year age groups (14 & under through 80+)

DIRECTIONS Southern State Parkway, Exit 28 South (Wantagh Ave.)
to Beltagh Avenue, make right at light after King Kullen.

RESULTS www.triandduit.com - Tri and Du It Multisport

***SPECIAL RAFFLES for FLAT SCREEN TV and MUCH MORE!**

Do not need to be present to win - drawing to take place at 10am ceremony.

For More Information Contact: **Robin Waltman, Race Director • 516-221-6162**
runwithrobin@yahoo.com • 516-826-2662 • www.testaverdefund.org

**Very fast, flat course -
only 4 turns with long
straightaways!!!**

**RACE DAY
CHECK-IN/REGISTRATION**
7:00-8:30 a.m.
Wantagh High School

EARLY NUMBER PICK-UP
Saturday, April 25, 11 a.m.-5 p.m.
Runner's Edge
242 Main Street, Farmingdale
516-420-7963

**POST-RACE
AWARDS CEREMONY
and REFRESHMENTS**
10 a.m. for all participants

Regular Raffle Prizes
you must be present to win.

Special Raffle Prizes
you do not need to be present to win.

MAIL-IN REGISTRATION DEADLINE: POSTMARKED BY APRIL 20, 2009
SAVE \$5.00 PER ENTRY: Postmark by March 25, 2009

Name _____
Address _____
City _____ State _____ Zip _____
Phone _____ E-mail _____

Age (as of 4/26/09) _____ D.O.B. ____/____/____ Sex Male Female

Check here for wheelchair participants

T-Shirt Size SML MED LG X-LG

**For more applications - photocopy or
download at www.testaverdefund.org**

I, the undersigned, hereby waive and release any and all rights and claims I may have against the Testaverde Fund for Spinal Cord Research, Inc., The Joe Testaverde Special Needs Trust, The Town of Hempstead, Wantagh Public School System, Tri and Du It Multisport and all the sponsors for damages which I may have arising out of said event. I am physically fit and have trained for this race. The application warrants that "my physical condition has been verified by a licensed medical doctor." "Further, I hereby grant full permission to any and all the foregoing to use any pictures, or any other record of this event for any purpose whatsoever."

If signed by a parent, the parent agrees to release on behalf of the entrant, harmless of any claims which may be asserted by above named/ organizations and persons harmless of any claims which may be asserted by or on behalf of the entrant.

Signature _____ Date _____

MAKE CHECK PAYABLE TO: Testaverde Fund for Spinal Cord Injury, Inc. • MAIL TO: Robin Waltman, 3688 Maxwell Drive, Wantagh, NY 11793

