



To Benefit the Carrie Roeth Memorial Scholarship
 Fifth Third Bank, 948 North Market Street, Troy, Ohio 45373

Date: Sat. June 12, 2010 Race Time: 10:00 a.m. Location: Fletcher United Methodist Church Check-in & Registration: 9:00 – 9:45 a.m.	Registration: <i>Before May 20th \$15 – includes t-shirt</i> <i>After May 20th \$15 – t-shirt not guaranteed</i> <i>Same-day registration \$20 – t-shirt not guaranteed</i>
Location Address: Fletcher United Methodist Church 205 South Walnut Street Fletcher, Ohio 45326	Age Group for Awards: Male/Female 14&under/ 15-19/ 20-29/ 30-39/ 40-49/ 50-59/ 60&up *Door prizes will be given away at the race*

***** Make Checks payable to Carrie Roeth Memorial Scholarship Fund *****

Mail Entries to:

Noelle Mumpower-Davis
 1967 Lytle Road
 Troy, OH 45373

Or Register on line:

www.speedy-feet.com

**** All net proceeds will be given to Carrie Roeth Memorial Scholarship ****

Caring for Carrie 5K Registration Form

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Phone(____) _____ Age (race day) _____ Male / Female (circle one)

Birth Date: ___ / ___ / ___ T-shirt size: (circle one) S / M / L / XL

Email (please print clearly) _____

Emergency Contact: Name _____ Phone: (____) _____

RELEASE: In consideration of the acceptance of my entry, I for myself, my executors and assignees, do hereby release and discharge all sponsors and individuals assisting in the presentation of the Caring for Carrie 5 Mile Run/walk for all claims of damages, demands and actions whatsoever in any manner arising or growing out of my participation in this event. This includes the race director, sponsors, promoters, City of Fletcher, Miami County, and the Carrie Roeth Memorial Scholarship. I attest and verify that I have full knowledge of the risk involved in this event and I am physically fit a sufficiently prepared to participate in the event. I give my permission for the administration of medical aid in case of emergency. I further give my permission for the free use of my name, voice recording, or photo in any printed account, broadcast, telecast or commercial advertising of this event.

Signature: _____ Date: _____

(Parent or guardian if under 18)