



3rd Annual "Run For The Rosa's" 5K Road Race.



All proceeds benefit Kids Escaping Drugs & The Paul & Elaine Rosa Foundation.



Date & Time: Sunday, June 6, 2010 at 9:00am

Location: Masonic Hall Parking Lot • 2379 Union Rd. Cheektowaga, NY

Packet Pick-up or Registration: Rosa's Home Store, 3770 Union Rd at Galleria Dr
Friday, June 4th 6pm - 8pm or Race Day, Sunday June 6th 7:30am at the Masonic Hall parking lot

Entry Fee: \$23 includes race fee, shirt & pancake breakfast - \$25 Day of race
\$5 for additional pancake breakfast ticket (*bring the whole family!*)

Designer Shirts: Technical style running shirts for all runners who pre-register before 5/5/2010, all others will be limited to stock on hand.

Checks Payable & Mail To: Kids Escaping Drugs • PO Box 643, W. Seneca, NY 14224

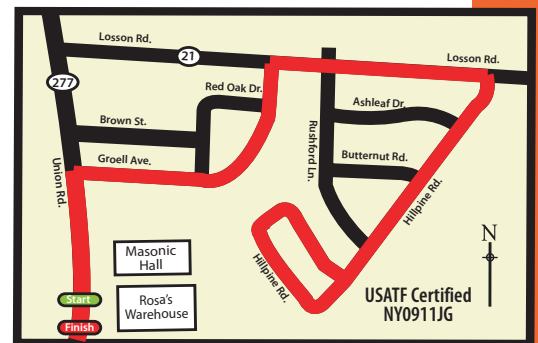
Awards: Awards to the top overall male & female in each of the following age groups: 14 & under, 15 to 19, 20 to 24, 25 to 29, 30 to 34, 35 to 39, 40 to 44, 45 to 49, 50 to 54, 55 to 59, 60 to 64, 65 to 70, 70+ plus. **\$100 cash prize** for top male & female to beat course record - Male: 16:18 & Female: 18:32

Course: A USATF sanctioned 5K out & back course starting at 2379 Union Rd. in Cheektowaga through neighborhoods with a loop and back to starting location.

Post Race Pancake Breakfast: A deluxe pancake breakfast will be served immediately following the race in the Masonic Hall on Union Rd.



BONUS
\$25 Rosa's Gift Card to the first 100 to register!



Register online at www.runfortherosas.com or mail completed form with payment to:
Kids Escaping Drugs • PO Box 643, West Seneca, NY 14224

In consideration of your acceptance this entry, I for myself, my heirs, executors & administrators do hereby discharge Kids Escaping Drugs, The Paul & Elaine Rosa Foundation, the race organizers and any and all sponsors & sanctioners of the race for all injuries and losses suffered by me from competing in or attending this said event.

_____		_____		_____		Shirt Size (circle one) S M L XL	
Last Name		First Name		M.I.			
_____		_____		_____		_____	
Number & Street		Town/City		State/Prov.		Zip/Postal Code	
_____		_____		_____		_____	
Sex (M/F)		Age on Race Day		Phone Number		Email Address	
_____		_____		_____		_____	
Signature				If Under 18 Parent or Guardian Signature			

Race Fee \$23:

Payment Type: Check Visa Master Card Discover

Additional pancake breakfast tickets at \$5.00 ea. _____

Credit Card #: _____ Expiration Date: _____

Total amount enclosed: \$ _____

Make checks payable to : Kids Escaping Drugs