

5th Annual KATIE WELLING MEMORIAL RUN/WALK

Proceeds go to the Bronxville School Foundation, Inc.

2.5 Mile Run/Walk Saturday November 26, 2011

Date: Saturday, November 26, 2011
Time: Check in 7:30-8:30AM
Morning registration ends at 8:30AM
Start of Race: 9AM
Place: Front Lawn of the Bronxville School
177 Pondfield Road, Bronxville, N.Y. 10708

On April 10, 2005, Katie, a 2002 BHS graduate, died in an off campus fire at Miami of Ohio University. Katie had just turned 21. While we all continue to struggle in our own way to cope with this tragedy, it has become abundantly clear that togetherness helps us heal. The memory of Katie's wonderful sense of humor, her infectious laugh, and her love of life, helps to shape and color our lives and keeps us all forever connected with her. Toward that end, her vast array of friends have organized **The Fifth Annual Katie Welling Memorial Run/Walk**.



Entry Fee: \$25.00 before November 18th
\$30.00 late registration / day of race registration
Registration : One form per entrant

CHECK IN/PACKET PICK-UP AND LATE REGISTRATION:

Friday, November 25th, from 10AM to 6PM – The Running Company Store, 52 Pondfield Rd. Bronxville.
Saturday, November 26th, 7:30 – 8:00AM Bronxville School

*** Mail in Registration*** On Line Preferred

Make checks payable to:
Bronxville School Foundation
(In memo section – Katie Welling Memorial Run/Walk)

Mail entry form to:
Bronxville School Foundation
177 Pondfield Road
Bronxville, N.Y. 10708

Name: _____
Address: _____
City, State, Zip: _____

Bronxville Alumni ____ Yr. ____
Phone Number: _____
Email: _____

Male _____ **Female** _____ **Select your Event - Walk** _____ **Run** _____

Age 8 & U _____ **9-12** _____ **13-18** _____ **19-35** _____ **36-49** _____ **50+** _____

***I am unable to participate, but would like to contribute. Please find enclosed donation of: \$ _____.**

Waiver must be read and signed before mailing:

In consideration of your accepting this entry, I the undersigned intending to be legally bound, hereby for myself, my heirs, my executors and administrators, waive and release any and all rights and claims for damage I may have against the village of Bronxville, The Bronxville School, and the Bronxville School Foundation and any and all sponsors and their representatives, successors, and assignees for any and all injuries suffered by me in the said event. I attest and verify that I will participate in this event as a foot race entrant, that I am physically fit and have sufficiently trained for the competition of this event, and my physical condition has been verified by a licensed medical doctor. Further, I hereby grant full permission to any and all of the foregoing use of any photographs, video-tapes, motion pictures, recordings and any other record of this event for any ultimate purpose.

Signature _____ Parent's signature if runner under age 18 _____