

Please FILL OUT and DETACH the FRONT and BACK of Registration Section and mail to or drop off at the address below:

Family School Partners
BCSC Administration Building
1200 Central Avenue
Columbus, Indiana 47201

Phone: (812) 376-4387

If this fundraising event is cancelled due to unforeseen circumstances the entry fee for this event is unfortunately non-refundable and non-transferable.

WAIVER

I know that running/walking a race is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume the risk of running/walking having read this waiver and knowing these facts and in consideration of you accepting my entry. I for myself and anyone entitled to act on my behalf, hereby waive and release all sponsors, officials, persons and agencies in any way connected to this event including but not limited to Family School Partners, the town of Columbus, Indiana, the event committee, from all claims and liability arising from injuries to my persons or damage to my property as a result of my participation in these events. By signing this waiver, I verify that I am physically fit and adequately trained to participate in these events. I further give my permission to use my name, picture, and/or performance information in any newspaper, broadcast, telecast, or other account of this event, without limitation. I acknowledge that I fully understand the terms of this waiver and I hereby execute it with the intent to be legally bound hereby.

Signature

Date

Signature of Parent/Guardian if under 18

*Glowing shirts light the night, filling the streets
for a bright and family fun night.....*



Saturday, October 29, 2011 @ 6:30 PM
Event Location: Commons ▪ Downtown Columbus, Indiana

DOOR PRIZES:

JOSEPH ADDAI #29 INDIANAPOLIS COLTS RB
autographed footballs, helmets and posters

FOUNDATION FOR YOUTH Birthday Swim Party
And more! Must be present and registered for the
5K-Walk/Run.

REGISTRATION:

Online at Active.com

www.bcsc.k12.in.us Go to Family School
Partners under Departments for link

OR simply tear off completed Registration Form

Send to or drop off at:

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1200 Central Avenue ▪ Columbus ▪ Indiana 47201



5K Run/Walk night event benefiting Family School Partners. This is a United Way Agency serving families in Bartholomew County. Family School Partners' mission is to assist parents in their role as their child's first and most important teacher, prepare the child for life-long learning, and provide a link between home and community.

Divisions: 11 & under, 12-14, 15-19, 20-29, 30-39, 40-49, 50-59, 60-69, 70 and Over.

The course will take place in the heart of downtown Columbus making it manageable for all participants.

TROPHIES for both male & female division group winners, along with a TROPHY for the overall winners.

Oct. 28th Packet Pick-Up at:
 Foundation for Youth
 405 Hope Avenue
 Columbus, IN 47201
 * 9:00 am - 6:00 pm *

Oct. 29th On-site Registration & Packet Pick-Up:
 * 5:00 pm - 6:15 pm *

5K Run/Walk will start at 6:30 pm. For the safety of all, please no bicycles, inline skates, skateboards, skate-shoes, or animals allowed on the course. Baby joggers and strollers will be permitted. Activities will be available, along with use of the Commons playground for children. Timing and scoring will be provided by Indiana Timing. Awards will follow the race.

We encourage participants and others to wear glow-in-the-dark event shirts and bring the entire family for an evening of fun to benefit Family School Partners.



REGISTRATION INFORMATION

ENTRY FEES: Before Oct. 15th After Oct. 15th
Circle your Category (Shirt not guaranteed)

Ages 20 and Over \$20 w/ Shirt \$25

Ages 12 - 19 \$15 w/ Shirt \$20

Ages 11 and Under FREE w/out Shirt FREE

(11 & Under - Must Register for Prize & Trophy Eligibility - Shirt Can Be Purchased Separately)

Male ____ Female ____

Name: _____

Address: _____

City: _____ State: ____ Zip: _____

Phone: _____

Email: _____

Date of Birth: _____ Age on 10/29/11: _____

T-Shirt Size:

Youth XS _____ Youth Sm _____

Youth Med _____ Youth Lg _____

Adult S _____ Adult Med _____

Adult L _____ Adult XL _____

Additional T-Shirts Available for \$10

Please mark Size and Quantity

TOTAL AMOUNT ENCLOSED: \$ _____

Make checks payable to *Family School Partners*

Detach and Return this Form