



2009 Great Strides 5k Run and 1 Mile Walk for Autism Awareness

ONE person or family per form.

LAST NAME

FIRST NAME

ADDRESS

CITY STATE ZIP

PHONE

EMAIL

	M / F	Run / Walk	Child / Adult
AGE	GENDER	EVENT	S M L XL XXL T-SHIRT SIZE

Additional Family Members:

	M / F	Run / Walk	Child / Adult
AGE	GENDER	EVENT	S M L XL XXL T-SHIRT SIZE

	M / F	Run / Walk	Child / Adult
AGE	GENDER	EVENT	S M L XL XXL T-SHIRT SIZE

# OF REGISTRANTS	X	=	REGISTRATION FEE	=	TOTAL DUE
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Race Information:

- Sunday, October 11, 2009
- Tyler State Park in Richboro, Pennsylvania
- Registration begins at 8:30am
- Race begins at 9:45am
- Event will take place rain or shine (no refunds)
- Tax Deductible Registration Fees:
 - Before September 27: \$20 per person
 - After September 27: \$25 per person

T-shirts are guaranteed for all registrations received before September 27.

For more information or to register online, visit:
www.greatstridesrun.org

Make checks payable and send to:

NeighborHeart
ATTN: Great Strides
PO Box 716
Richboro, PA 18954

Did you know...

- The cause of Autism is unknown.
- Autism is diagnosed in 1 in every 150 births.
- 1.5 million Americans are diagnosed with Autism.
- It can cost \$3 million to care for a person with Autism.
- There is no known cure for Autism.

NeighborHeart™ was founded to offset the challenges that Autism represents to children and their families. We strive to raise Autism Awareness and provide families struggling to cope with Autism with support and assistance.

Please join us in raising Autism Awareness, raise money for the children and families that need assistance, and enjoy a fall day in the park!

RACE RELEASE (MUST BE SIGNED BY PARTICIPANT IN ORDER TO BE ELIGIBLE TO PARTICIPATE IN RACE)
 I understand that I am voluntarily participating in this event that could pose certain risks of physical injury and I agree to assume full risk of any injuries, damage or loss which I may sustain as a result of participating in any or all activities connected with or associated with such an event. I agree to waive all claims that I, or anyone acting on my behalf, may have as a result of participating in this event. I hereby release NeighborHeart™, all sponsors, volunteers, and employees from any claims from injuries, death, damage, or loss which I may have or which may accrue to me arising out of, connected with, or in any way associated with the activities of the event. I agree that NeighborHeart may use my likeness and the likeness of those that I am registering (through photography taken at the event) for future promotion of NeighborHeart events. I have read and fully understand the waiver and release.

Registrant or Parent/Guardian Signature	Date
Registrant or Parent/Guardian Signature	Date

Registrant or Parent/Guardian Signature	Date
Registrant or Parent/Guardian Signature	Date



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PLEDGE FORM

Participant's Name _____

Pledge's Name	Pledge Amount	Paid
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
Total:		

Use this form if you would like to additionally raise funds for Autism Awareness – top three fundraisers will win a prize.
Make checks payable to NeighborHeart.
Use additional sheets for more pledges.
Keep a copy for your records.