

25th ANNUAL RUN FOR MENTAL HEALTH

5K RUN AND 5K FUN WALK

SATURDAY, MAY 14, 2005 AT 10:00 AM

TORRANCE STATE HOSPITAL, TORRANCE, PA.

REGISTRATION INFORMATION

Registration from 8 AM to 9:45 AM on race day

All fees non-refundable

Rain or shine; no deferred date

5K Runners

Registration before 4/29/05

With T-shirt- \$14.00

Without T-shirt- \$6.00

Registration after 4/29/05

With T-shirt- \$15.00

Without T-shirt- \$7.00

5K Walkers

Registration

With T-shirt- \$11.00

Without T-shirt- \$3.00

Family/Consumer Groups-

Without T-shirt- \$6.00

T-shirt only- \$8.00

* T-shirt guaranteed only to entries registered by 4/29/05. Some may be available race day.

* Free beverage/fruit to all entrants

* Walkers and runners eligible for random door prizes

* On course splits, water stop and aid station

* Participant ribbons for all walkers

RUNNER AWARDS

MEN (no duplications)

Top 3 overall

Top 3 in each age group:

13 & under; 14-18; 19-24; 25-29;

30-34; 35-39; 40-44; 45-49; 50-54;

55-59; 60-65 and 66 & above

WOMEN (no duplications)

Top 3 overall

Top 3 in each age group:

13 & under; 14-18; 19-26;

27-34; 35-42; 43-49; 50-59;

and 60 & above

Computer Finish Line Service by Butchko (Times and results will be mailed to all runners who provide addresses)

Make Checks Payable to: **RUN FOR MENTAL HEALTH**

Mail to: Volunteer Office, Torrance State Hospital, Box 111, Torrance, Pa. 15779

For further information call: 724-459-4424 or e-mail: gpalek@state.pa.us

NAME _____ DOB _____

FULL ADDRESS _____ PHONE _____

AGE ON RACE DAY _____ SEX _____

SHIRT SIZES (Circle One) Medium Large XL XXL

WAIVER: My signature on this entry releases all sponsors or individuals of any and all liability, which may result from this event. I also grant permission to the organizers to use any photographs taken of me in legitimate accounts and promotions for this event.

SIGNATURE _____ DATE _____

(PARENT OR GUARDIAN SIGNATURE IF UNDER 18 YEARS OF AGE REQUIRED)

CIRCLE ONE: 5K RUN

5K WALK

