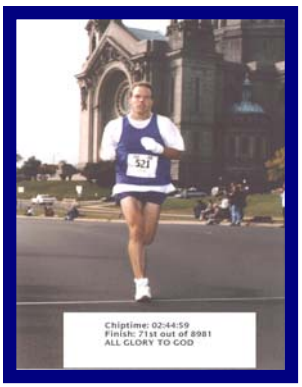
Catoctin Pregnancy Center's 2012

Run for Life

In memory of

Father Darin Didier



Location: Mount Saint Mary's University- Emmitsburg, Maryland

Date: Saturday, Sept. 15, 2012

Time: **7:30 am** - Registration/Packet Pickup @ PNC Sports Complex on campus at west entrance.
9:00am - 1 Mile Fun Run/Walk **9:30am** - 5K Run/Walk

ENTRY FEES $25 (includes shirt). $15 (without shirt). Send completed entry form and check or money order to the Catoctin Pregnancy Center, P.O. Box 1168, Emmitsburg, MD 21727. Make checks payable to the Patty Pollatos Fund, in memo line put CPC.

Family Rate: $50 per family + $10 for each shirt.

SHIRT ONLY: $25 includes mailing. $20 if picked up at race.

SPONSORS: In lieu of the Registration Fee, runners/walkers may solicit sponsors to support their participation ($25 minimum sponsorship). We encourage all participants to solicit as many sponsors as possible to assist the women, babies and families that come to the Pregnancy Center.

AWARDS: 5K - awards to the first male and female finishers and first male and female Master finishers. Awards will also be presented to the top 3 finishers in 5-year age groups.

1 MILE FUN RUN: All 10-and-under participants will receive medals. Age-group winners 10 and under will also receive awards.

REFRESHMENTS: **F**ruit and drinks after race - water at finish line.

T- SHIRTS: Sizes not guaranteed for race-day registrations.

DIRECTIONS: **From Frederick, MD**: North on US-15. After passing Rt. 76 Rocky Ridge (Motters Station Rd) get in right lane. At blinking traffic light at Mt. St.Mary's exit right onto College Lane. Immediate right onto Jim Phelan Way. PNC Sports Complex will be on left. Proceed to parking lots on right. **From Gettysburg, PA**: South on US-15, After passing South Seton Ave get in left lane. At blinking traffic light at Mt. St. Mary's from left lane exit left onto College Lane. Immediate right onto Jim Phelan Way. PNC Sports Complex will be on left. Proceed to parking lots on right.

To volunteer or for more information call Jim Lowrie at 717-642-0196 or email at jimlow@embarqmail.com

8th ANNUAL RUN FOR LIFE, 5K/1MILE RACE/WALK
IN MEMORY OF FATHER DARIN DIDIER
SEPTEMBER 15, 2012

REGISTRATION FORM

Mail to:
Catoctin Pregnancy Center
PO Box 1168, Emmitsburg, MD 21727

Make checks payable to the
Patty Pollatos Fund, in memo line put CPC

Registration Fee: $25 (includes shirt). $15 (without shirt)

Amount Enclosed $_____ ☐5K ☐ 1 Mile Fun Run, ☐ Running ☐ Walking

☐ T-shirt Only: $25 includes mailing
$20 if picked up at race

T-Shirt Size S☐ M☐ L☐ XL☐ XXL☐

NAME _____

ADDRESS: _____

City: _____State_____ Zip _____

Phone _____ ☐ Male ☐ Female Age on Race Day _____

Email Address _____

E-mail address will only be used for sending results and for notification of next year's race!

Participants:

This is my first Run for Life
_____ yes _____ no

How I heard about the Event

____church ____school

____mail ____work

____internet

____newspaper/name_____

Waiver: In consideration of the right granted to me to participate in the Catoctin Pregnancy Center's Run for Life 5K Run/Walk or 1 Mile Fun Run on Saturday, September 15, 2012, I hereby waive all claims and damages against the Catoctin Pregnancy Center, the Race Committee, Mount St. Mary's University and any other sponsors and organizers arising from my participation or injury I might suffer in this event. I attest that I am physically fit and prepared for this event.

Signature: _____ Date: _____
(Parent or guardian, if under 18)

☐ Mount St. Mary's Seminarian ☐ Mount St. Mary's Student ☐ Seminarian at _____

RUN FOR LIFE,
SEPTEMBER 15, 2012

Runner/Walker Sponsor Form

Name:_____

Address: _____

Phone: _____

****Make checks payable to the Patty Pollatos Fund, in memo line put CPC**

SPONSOR INFORMATION: PLEASE PRINT	AMOUNT	TYPE OF CURRENCY
1. Name _____E-Mail _____ Address _____ __Sponsor wishes to receive CPC Newsletter		___ CASH ___ CHECK Payable to: **
2. Name _____E-Mail _____ Address _____ __Sponsor wishes to receive CPC Newsletter		___ CASH ___ CHECK Payable to: **
3. Name _____E-Mail _____ Address _____ __Sponsor wishes to receive CPC Newsletter		___ CASH ___ CHECK Payable to: **
4. Name _____E-Mail _____ Address _____ __Sponsor wishes to receive CPC Newsletter		___ CASH ___ CHECK Payable to: **
5. Name _____E-Mail _____ Address _____ __Sponsor wishes to receive CPC Newsletter		___ CASH ___ CHECK Payable to: **
6. Name _____E-Mail _____ Address _____ __Sponsor wishes to receive CPC Newsletter		___ CASH ___ CHECK Payable to: **
(NEED MORE ROOM FOR SPONSORS? COPY THIS FORM AND KEEP UP THE GREAT WORK!!) **TOTAL**		

CASH TOTAL	**$**	**CHECKS TOTAL**	$