



presents the

2007

RIVERFRONT RUN
5K RUN & 1 MILE WALK



SOUTHWEST GEORGIA
CANCER CARE FUND
ACTIVELY SEEKING A CURE

RiverFront Run

5K Run and 1 Mile Walk

October 6, 2007

101 S. Front Street, Downtown Albany, Georgia 31701
Benefiting the Southwest Georgia Cancer Care Fund

Time: 5K Run starts at 8:30 A.M. – 1 Mile Walk starts at 9:30 A.M.

Registration: 5K Run / 1 Mile Walk Adults - \$15, \$20 on race day

5K Run / 1 Mile Walk Child (16 & under) - \$10, \$15 on race day

Family Rate - 2 Adults / 2 Children \$40, \$45 on race day

(each additional child is \$5)

1 Mile Walk for Cancer Patients is free

Online Entry Also Available by visiting www.riverfrontrun.com

Directions available through www.mapquest.com

Cash Awards to the top three Male and Female Finishers: \$250, \$150, \$100!

Medals will be presented to the 5K overall male and female winners, masters male and female winners, as well as to the top three men/women in the following age divisions in the 5K Run:

10 & under, 11-14, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70-74, 75+.

Team Participation: We encourage runners and walkers to form a team and dedicate the race to benefit the Southwest Georgia Cancer Care Fund. Teams are composed of 5 or more members with each team member raising \$100.

Amenities: All Registrants will receive an official RiverFront Run T-Shirt (guaranteed to pre-registered participants). Live bands at the start and finish, as well as all along the course; water stations, post-race treats, door prizes and kid's activities!

Host Hotel: Hilton Garden Inn, 101 S. Front St, Albany, GA 31701 (229) 878-4861 (Ask about the RFR Discount)



REGISTER
ONLINE AT

www.riverfrontrun.com

Please Complete Entry Form Below – Call 229-312-1700 or email info@riverfrontrun.com for more info

Attach Payment Payable to the SW Georgia Cancer Care Fund and

Mail to the Southwest Georgia Cancer Coalition, P.O. Box 1962, Albany, GA 31702

Please **PRINT NEATLY** and fill out completely (entries without age and gender will not be eligible for age group awards.)

Race: 5K: _____ 1 Mile Walk: _____ **Are you a Team Member?** Yes _____ No _____

Name of Team: _____ **Are you the Team Captain?** Yes _____ No _____

Last Name: _____ First Name: _____ Age on race date: _____ Gender: M _____ F _____

Address: _____ Date of Birth: (mm/dd/year): _____ / _____ / _____

City: _____ State: _____ Zip Code: _____

Daytime Phone: (_____) _____ - _____ Email: _____

Race Registration: Child (16 and under) \$ _____ Adult \$ _____

Total Amount Paid: \$ _____ (check one) Cash _____ Check _____ **T-Shirt Size** (check one) ADULT: S _____ M _____ L _____ XL _____ 2XL _____
KIDS: M _____

Waiver Must Be Read and Signed Before Mailing:

"In consideration of this entry being accepted, I hereby for myself, heirs, executors, administrators, waive and release any and all rights and claims for damages I may have against Southwest Georgia Cancer Coalition Inc., race officials, and all sponsors, of all claims or liabilities of any kind arising out of my participation in this event or while traveling to and from. I allow any photographs or materials from this event to be used to publicize this or future RiverFront Run Events."

Runner's Signature Required _____ Date _____

(Parent's Signature if Under 18)