

A Run for THEIR Life is the only Breast Cancer Run held in Syracuse N.Y. whose proceeds go directly to SUNY Upstate Medical University.

Young and old of all ages and abilities are welcome to participate in the 5k walk/run and the 1.5K Victory Walk. This course is certified for accuracy.

Non-Profit Org.
U.S. Postage
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Syracuse, NY
Permit No. 270



THANK YOU TO OUR SPONSORS:

Carol M. Baldwin
BREAST CANCER RESEARCH FUND OF CNY, INC.
fndacurecny.org
PO Box 187 • Warners, New York 13164-0187

Carol M. Baldwin Breast Cancer Research Fund of CNY



www.cmbarunfortheirlife.com

Saturday
October 3, 2015

15K Run • 5K Run • 5K Walk
1.5K Victory Walk

**JOIN US AT OUR
NEW RACE LOCATION!**

Gillie Lake
Veteran's Memorial Park
Camillus, NY

\$150
in pledges:
Walk/Run
FREE

Carol M. Baldwin
BREAST CANCER RESEARCH FUND OF CNY, INC.
fndacurecny.org

Visit and Like us on our
A Run For Their Life
Facebook Page!

Proceeds from this event benefit the Carol M. Baldwin Breast Cancer Research Fund of CNY and supports grants awarded to Upstate Medical University for breast cancer research.

Carol M. Baldwin Breast Cancer Research Fund of CNY

Saturday
October 3, 2015



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RACE/WALK INFORMATION

Friday - October 2, 2015

1 pm - 6:30 pm — Tent Set-up

Saturday - October 3, 2015

7:00 am - 8:15 am — Event Day Registration and Tent Set-up

15K Run, 5K Run & 5K Walk — Starts at 9:15 am

1.5K Victory Walk — Starts Succeeding Run Commencement

Participant Parking and Shuttle Service to this event Commence at 6:45 am on Race Day, located at: Camillus Middle School

5525 Ike Dixon Road - Camillus, New York

NOTE: Access to Gillie Lake from Ike Dixon Road will be closed to public traffic on Race Day commencing at 7 AM though the end of the event.

Start/Finish Line located at: Gillie Lake Veterans Memorial Park - Camillus, New York

\$35 All Pre-registrations

\$20 K-12 Student/College Student

\$40 Race Day Registration

REGISTRATION/PACKET PICK-UP

Wednesday, September 30, 2015 — 4:00 PM - 9:00 PM
FLEET FEET - 5800 Bridge Street - East Syracuse, NY

Thursday, October 1, 2015 — 1:00 PM - 9:00 PM
THE GEM DINER - 832 Spencer Street - Syracuse, NY

Friday, October 2, 2015 — 12:00 PM - 9:00 PM
THE GEM DINER - 832 Spencer Street - Syracuse, NY

PRE-REGISTRATION - Pre-register online at cmbarunfortheirlife.com or you may fill out and return this form with payment.

THE COURSE - is USAT&F certified. Professional Chip Timing by Leon Timing. Gun and net time. A map of the course is available on-line at: cmbarunfortheirlife.com

PRIZES - will be awarded for winner in each competitive category.

This event intends to encourage a competitive spirit in each category of participation including: businesses, health care centers, schools, etc. On the form to the right, either indicate what team you are on or simply write the name of your employer or school. Individual participants are welcome.

AFTER RACE FESTIVITIES - Set up a tent for your company and/or organization and join in on the after-race festivities!

INFORMATION - for more details or to register online go to: cmbarunfortheirlife.com

REGISTRATION FORM

15K Run 5K Run 5K Walk 1.5K Victory Walk

I am unable to participate, but please accept my donation of \$ _____

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

Organization, employer or school affiliation. _____

team captain _____ contact information _____

K-12 Student/College Student

Age on October 3, 2015 _____ Gender: F M

Are you a breast cancer survivor? Yes No

Check Money Order Cash

Please make check and money order payable to Carol M. Baldwin Breast Cancer Research Fund of CNY

Mastercard Visa Discover American Express

Credit Card Number _____

Expires _____ Amount Charged \$ _____

Name on Card _____

Credit Card Signature _____

Adult T-Shirt Size: S M L XL XXL

Please mail registration to:
Carol M. Baldwin Breast Cancer Research Fund
C/O G.M. Crisalli & Associates, Inc.
843 Hiawatha Boulevard West
Syracuse, NY 13204

RACE/RUN WAIVER

WAIVER: In consideration of your accepting this entry, (I, below signed), intending to be legally bound for myself, my heirs, executors, administrators and waive and release all rights and claims for damages I may have against the organizers of Carol M. Baldwin Breast Cancer Research Fund of CNY and its sponsors, successors or representatives for any and all injuries suffered by me whether to person or property at said event or while traveling to or returning from. I attest and verify that I am physically fit and have sufficiently trained for the completion of this event and my physical condition has been recently verified by a licensed medical doctor. Further I grant full permission to use photographs, videotapes, motion pictures, and records of me, or any other record of this event, for any legitimate purposes. This entry is invalid unless signed by entrant. If entrant is under 18 years of age, parent or guardian must sign entry. The race committee reserves the right to reject any entry.



Participant's Signature _____ (Parent signature if under 18 years of age)

PLEDGE SHEET

Ask your friends, neighbors, relatives, co-workers and others to sponsor you! Complete this form and collect the pledge money when pledges are made. Checks must be made payable to Carol M. Baldwin Breast Research Center of CNY and all check numbers must be recorded in the column after the check.

SPONSOR'S NAME	FULL ADDRESS	EMAIL	DONATION	AMOUNT
_____	_____	_____	<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____	\$ _____
_____	_____	_____	<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____	\$ _____
_____	_____	_____	<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____	\$ _____
_____	_____	_____	<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____	\$ _____
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_____	_____	_____	<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____	\$ _____
_____	_____	_____	<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____	\$ _____
_____	_____	_____	<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____	\$ _____

Participant's Name _____

Total Amount Enclosed \$ _____