



**RACE FOR BREAST CANCER AWARENESS
5K RUN/WALK & 1 MILE FUN RUN**

SATURDAY NOVEMBER 10, 2012

HOWARD TECHNOLOGY PARK

ELLISVILLE, MS

EXIT 85 OFF INTERSTATE 59

7a.m. Registration 8a.m. Race Begins

Course confined to Howard Technology Park. Fast and Flat.

ENTRY FEES FOR 5K & 1 MILE RUN	AWARDS												
\$15.00 Pre-registration by October 26, 2012	Trophies go to the first overall male and female, first overall masters male and female, first overall grand-masters male and female, and first overall senior masters male and female.												
\$20.00 Day of Race.	Medals will be given to the top two male and female age groups:												
\$50.00 Family Rate maximum 5 pre-registration only.	<table border="0"> <tr> <td>12 & under</td> <td>13-18</td> </tr> <tr> <td>19-24</td> <td>25-29</td> </tr> <tr> <td>30-34</td> <td>35-39</td> </tr> <tr> <td>40-44</td> <td>45-49</td> </tr> <tr> <td>50-54</td> <td>55-59</td> </tr> <tr> <td>60 & over female</td> <td>65 & over male</td> </tr> </table>	12 & under	13-18	19-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60 & over female	65 & over male
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40-44	45-49												
50-54	55-59												
60 & over female	65 & over male												
\$10.00 Fun Run pre-registration or \$15.00 Day of Race.	All participants of the 1 mile fun run will receive ribbons.												
T-Shirts to Pre-Registered only	Awards to top three male & female Race Walkers												
Water will be on the course and light refreshments after the race.													
For more information contact Cynthia Graves @ 601-649-2863													
Additional Registration forms available at jeffersonmedical.net , pinebeltpacers.org and mississippitrackclub.com													

5K Run/Walk & 1 Mile Fun Run Registration

Circle one: 5K Run 5K Walk 1 Mile Fun Run

T-Shirt Size: YS YM YL AS AM AL AXL AXXL AXXXL (circle one)

Name: _____ Age _____ Phone _____ Sex _____

Address _____ City _____ State _____ Zip _____

Mail registration form to
Jefferson Medical Associates
c/o Cynthia Graves
1203 Jefferson Street
Laurel, MS 39440

I agree my participation in this event is without assumption of any kind of responsibility by the sponsors, assistants and officials. I release all of the above from any injury I may sustain or suffer in connection with this race. I attest I am physically fit and sufficiently trained for the completion of this event. I further give my permission for my name and/or photo to be used in post race publicity. All proceeds will go to the American Cancer Society. **Make checks payable to Jefferson Medical Associates**

Signature _____ **Date** _____

(Parent or guardian must sign if under 18 years old)

