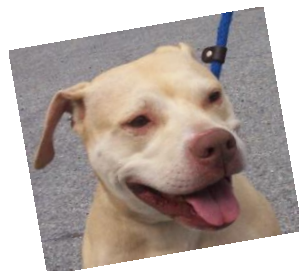


1st Annual 5k4Paws Run/Walk



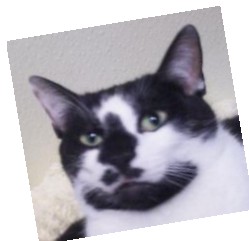
October 20th 2012
9:00 AM



Prizes awarded to top 3
finishers in each age group
Male and Female

AGE GROUP

10 and Under	40 to 49
11 to 14	50 to 59
15 to 19	60 to 69
20 to 29	70 +
30 to 39	



Race Prices

\$20 Pre-registered
by September 27th
\$25 Race Day

Warwick Valley Humane Society will be hosting our First **5k4Paws** Run/Walk to Help ALL of our HOMELESS ANIMALS at the Warwick Animal Shelter.

The Route is the same as used by FLORIDA RUN FEST on August 12, 2012 courtesy of Tom and Joann Andryshak

WE NEED YOUR SUPPORT!!
Help us help our Homeless Pets.

If you are a runner, PLEASE REGISTER and JOIN US OCTOBER 20th.

Our **1K WALK** will immediately follow the RUN for non-runners and dogs. \$10 per person, \$5 kids under 12yrs. and dogs FREE.

If you are unable to attend kindly consider making a donation to our cause.

GO TO ACTIVE.COM



5k 4 Paws

run for the

**WARWICK
VALLEY
HUMANE
SOCIETY**

October 20th 2012

9:00 AM

**Glenmere Park
Florida, NY**

WARWICK VALLEY HUMANE SOCIETY
PO Box 61
Warwick NY 10990

Entry Form

Make checks payable to:
Warwick Valley Humane Society
PO Box 61
Warwick, New York 10990

Name _____

Address _____

City: _____ State: _____

Zip: _____ Phone: _____

Sex: M _____ F _____

Email _____

****AGE ON RACE DAY: _____****

PLEASE CIRCLE ONE:

T shirt size: S M L XL

(Shirt only guaranteed to Pre- Registrants)

In consideration of accepting this entry, I, the undersigned, intend to be legally bound, here, for myself, my heirs, executors and administrators waive and release all rights claims for damages I may have against the Warwick Valley Humane Society and the Florida Fire House, emergency and Ambulance corps, the Village of Florida, sponsors, volunteers and the directors for any and all injuries suffered by me. I further agree to save harmless and indemnify them. I attest that I am physically fit and have sufficiently trained for the competition of this race and my physical condition has been verified by a medical doctor.

No portion of this entry fee may be tax deductible. All fees are non-refundable.

Signature: _____

***Parent or guardian if under 18 yrs.**