



4TH ANNUAL ROBBY'S VOICE RACE IV AWARENESS

5k & 1 Mile Walk with Pancake Breakfast
Sunday, September 13, 2015
Olmsted Falls Intermediate School

RAISING AWARENESS ABOUT DRUG ADDICTION

5K Run: Awards for Top Male/Female, also for Male/Female age brackets:
¹ 14 & under, ² 15-19, ³ 20-29, ⁴ 30-39,
⁵ 40-49, ⁶ 50-59, and ⁷ Over 60

Kids Dash: All Participants will receive a Dog Tag Medal

T-Shirts: All Pre-Registered Participants for the 5K/1Mile Walk will receive a Race T-Shirt

Schedule of Events:

8:30am	Registration
9:00am	Pancake breakfast begins
9:30am	Opening ceremony
10:00am	Run/Walk
11:00am	Kids dash
Post Race	Awards & Raffles

Advance Registration Deadline

Received by Mail: Wednesday, September 9th, 2015
Online Closes: Saturday, September 12th, 2015 at midnight

Advance Registration Fees

Adults (18+): \$20 // Youth (17 and under): \$15
Kids Dash (10 and under): \$10

Race Day Registration Fees {Cash or Check Only}

Adults (18+): \$30 // Youth (17 & under): \$25
Kids Dash (10 and under): \$12

Tribute Video Call for Submissions

If your friend or loved one has lost their battle with addiction, and you would like them included in our Tribute Video playing on race day, please email ONE picture AND his/her first and last name to:
afanara@hotmail.com

Complete a separate Registration form for each runner or walker.

(Proceeds benefit Robby's Voice. Donations tax deductible)

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____ Date of Birth _____

Age: _____ Circle one: Male Female Circle one: 5K 1 mile Kids Dash

T-Shirt (5K/1 mile walk participants only) Circle one (Adult sizes): S M L XL 2X 3X

Pancake Breakfast: # ___ Adults/Kids @ \$6 each // # ___ Seniors (60+) @ \$5 each // Kids 3 and under FREE

Additional Donation: \$10 \$25 \$50 \$100 Other: _____

Waiver: I release Robby's Voice, Hermes Sports & Events and the race organizers of any liability associated with Robby's Voice Race IV Awareness. I agree to hold them harmless for any and all injuries suffered or alleged to be suffered in connection with this event. I certify to the best of my knowledge that I am in good health and can compete safely in this event.

Signature (Parent/Guardian if under 18) _____ Today's Date: _____

For questions, contact Coordinator, Angela Fanara at 440-728-5009 or amarysiak@hotmail.com

For Online Registration go to:
www.peaceracing.com

Checks payable to:
Peace Racing

Mail this form to:
Peace Racing
P.O. box 771298
Lakewood, Ohio 44107

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