



ACQUIRED BRAIN INJURY NETWORK
SECOND Annual



2016 5K BOO-TIFUL BRAINS!
HALLOWEEN

5K TIMED RUN/WALK & 1 MILE FUN RUN/WALK

Saturday, October 29, 10:00 am Start

Support services that help rebuild lives after brain injury.

Individual, Team and Sponsor/Donor/Exhibitor Forms at www.abin-pa.org.

COSTUMES ENCOURAGED FOR ALL!

Schedule	Location	Registration
9:00 Check-in, race day sign-up 10:00 5K Timed Run/Walk Starts 10:40 1 Mile Fun Run/Walk 11:00 Awards, Raffle	Norristown Farm Park Pavilions near Parking Lot #2 2500 Upper Farm Road East Norriton PA 19403	\$20 – if received by October 7 (T-Shirts Guaranteed) \$25 - October 8 thru October 26 \$30 - October 27 thru Race Day

Run Timing & Online Registration by Pretzel City Sports

Awards, Raffle, Refreshments, Paved Trails, Leashed Canines Welcome.

RAIN OR SHINE: No refunds if cancelled for unsafe conditions.

REGISTER NOW ONLINE OR BY MAIL

SPONSORSHIP FORMS: Go to www.abin-pa.org to print sponsorship forms – return by October 21st to qualify as the best Individual or Team Fundraiser.

Online Registration: go to www.pretzelcitysports.com thru Wednesday, 10/26.

Mail-In Registration: Print from www.abin-pa.org or copy this form for each participant. Complete form, make check payable to ABIN-PA & mail both to: ABIN-PA, 2275 Glenview Drive, Lansdale PA 19446.

Early Registration received by October 7th guarantees a T-shirt.

SELECT ADULT SIZE: S__ M__ L__ XL__ XXL__ . **SELECT EVENT:** 5K Timed Run/Walk__ or 1 Mile Fun Run/Walk__ .

SELECT AMOUNT: Early Registration (by October 7th) \$20__ Oct.8-26 \$25__ Oct.27-29 \$30__ Check # _____ .

NAME _____ ADDRESS _____ Age on 10/29 _____

Please print.

CITY _____ STATE _____ ZIP _____ PHONE _____ Birthdate _____

EMAIL _____ Male__ Female__ Team Name? _____

Waiver/Release: I hereby waive all claims against ABIN-PA, the race director, race officials and volunteers, any and all sponsors, Norristown Farm Park, East Norriton Township and Montgomery County and those in their employ, and all their representatives and successors from any injury or liability I might suffer in this event. I attest that I am physically fit and prepared for this event. I assume all risks associated with running, walking, volunteering, attending or participating in this event including, but not limited to: falls, contact with other participants; the effects of the weather; and the conditions of the trail or road; all such risks being known and appreciated by me. I grant full permission for organizers to use my name and/or pictures in any and all legitimate accounts and promotions of this event.

Signature X _____ (Parent/guardian if under 18 years old) Date _____

Acquired Brain Injury Network of Pennsylvania, Inc.

Contact info: info@abin-pa.org, www.abin-pa.org or 267-263-2651.

ABIN-PA is a 501(c)(3) Pennsylvania nonprofit corporation. Contributions are tax deductible. The official registration and financial information of the Acquired Brain Injury Network of Pennsylvania, Inc., may be obtained from the Pennsylvania Department of State by calling toll free, within Pennsylvania, 1 (800) 732.0999. Registration does not imply endorsement.