



RACE FOR CARE

Proudly
Partnered With



Cancer Aid Resource & Education, Inc.
5K Run/Walk

Sunday, June 7, 2015, 7:00 a.m.

Starts and Ends at Mesilla Plaza

"In Honor of National Cancer Survivors Day"

REGISTRATION FEES & INFORMATION

Online Registration until **June 4, 2015 @ 6:00 pm:**

\$30.00 per individual & \$25.00 per person under a team

Late Registration from 6:00 am to 6:45 am on race day: \$35.00 per person

Registration Online at WWW.RACEADVENTURESUNLIMITED.COM

In Person: @ either Up and Running Store located in EL Paso, TX @: 3233 N. Mesa, Ste 205
OR 1475 George Dieter. By Mail: postmarked by **June 1, 2015**. Checks payable to:
Race Adventures, 3233 N. Mesa, Ste 205 El Paso, TX, 79902

Early Packet Pickup: Friday, June 5, 2015, Mesilla Town Hall from 12 pm - 6 pm

AWARDS & PRIZES

The first **200 pre-registered** runners & walkers receive race T-Shirt!

Refreshments available at the finish line

Trophy to Overall Male & Female 5K finishers AND Most **"Creative Team T-shirt"**

Medals to Top Three 5K male and female finishers in age groups:

9 and under, 10-14, 15-19, 20-29, 30-39, 40-49, 50-59, 60-69, 70 and over

LARGEST TEAM TROPHY!!

Trophy & bragging rights to the largest team!!!! Must have 10 people to qualify as a team! *ALL paper team registrations* must be turned in together by **June 1, 2015**, either by mail or in person @ 3233 N. Mesa, Ste 205 El Paso, TX.

Cost per team member entry is \$25.00. **Please note: TEAM MUST BE registered together if registered ONLINE.**

We are in need of runners, walkers, volunteers, sponsors, and donations!!

For more information about the event, please contact: Mike Coulter at (915) 274-5222, or visit us on the web at: www.RaceAdventuresUnlimited.com; Mike Coulter at coultermike@yahoo.com; CARE at: carelascruces.org; or Leticia Soto at (575) 650-2019 or Isoto4care@hotmail.com or Yoli Diaz at (575) 649-0598 or yoli@carelascruces.org

100% of proceeds benefit CARE, a nonprofit organization whose mission is to provide assistance to cancer patients in Doña Ana County receiving treatment for any type of cancer. ~ For the courageous we run, walk, fight, hope and believe ~

Full Name: _____ Address: _____

City, State & Zip: _____ Phone: _____ Email: _____

Gender (circle one): **M** **F** Age: _____ Event (circle one): **5K Run** **1 Mile Walk** Team Name: _____

T-Shirt Size (circle one): **XS, S, M, L, XL, XXL** Additional Donation: _____

RELEASE: In consideration of this entry being accepted, I hereby for myself, my heirs, representatives and executors, waive, release and forever discharge any and all rights and claims for loss of damages which I may or hereafter accrue to me against the organizers, volunteers or sponsors of this event, for any and all injuries which might be suffered by me in this event. I attest and verify that I am physically fit and have sufficiently trained to complete this race. I hereby grant full permission to use my name, photographs, videotapes, and recordings of this event for legitimate purpose without compensation/remuneration.

Signature: _____ (Signature of participant or of legal guardian if participant is under 18)

Sponsored By



CARE

Thanks You!!!
Town of Mesilla

