

MILES FOR MOMS

IN HONOR & MEMORY OF CELIA

Four Mile Run/Walk for Women, Men & Children
Sunday, July 17, 2011

Rain or Shine

Location

Central Park, NYC

102nd Street and East Drive

Schedule

Registration/Package Pick-Up: 7:15-8:15am

Start: 8:30am

Registration

By mail or online at www.milesformoms.org

Donations Only

Online at www.milesformoms.org or mail checks

payable to Miles for Moms to

PO Box 61, Edgewater, NJ 07020

Entry Fees

\$20 by July 11th, \$25 after July 11th and

\$30 on race day

Course

Scenic Central Park loop

Mostly flat with one challenging hill

Water stops, split times

Awards

Top Three Overall Male and Female

Top Three Male and Female in each age group

Age Groups

14& Under, 15-19, 20-29, 30-39, 40-49,

50-59, 60-69, 70 & Over

Amenities

Miles for Moms t-shirt, entertainment, goody bag,

refreshments, prizes and much much more

Questions

Check out www.milesformoms.org

Call 917-626-2559 or email mail@milesformoms.org

MILES FOR MOMS

MISSION

In 1994 Celia Rosenberg was diagnosed with colon cancer. Although she bravely and tirelessly attempted to fight this deadly disease for 5 years, on April 6, 1999, her struggle ended. The life of a strong, caring and beautiful person was lost. Another victim claimed by this horrible disease. We must stop these senseless deaths.

In attempt to do so, Miles for Moms was established, to raise money for cancer research. All proceeds from Miles for Moms' events are donated towards cancer research and related programs. The purpose of our organization is threefold:

1. To commemorate Celia's life, and the lives of all those we loved and lost to Cancer;
2. To increase awareness of cancer and methods of prevention; and most importantly;
3. TO SAVE LIVES BY FINDING A CURE.

But we need your help to accomplish these goals. We must find a cure by raising money for cancer research. You can help. You can make a difference.

MILES FOR MOMS

OFFICIAL ENTRY FORM

Apply online at www.MilesforMoms.org

Name _____

Address _____

Email: _____

Sex: M F

Age (on race day) _____

T-Shirt Size

S

M

L

XL

Registration _____

\$20 Early Registration (before July 11th)

\$25 After July 11th and \$30 Race Day

Sponsorship Collected _____

I would like to make a donation _____

Total Payment Enclosed _____

____ I'd like to volunteer on race day.

____ I'd like to get involved. Please send me information on future Miles for Moms events.

One entrant per application. Photocopies are acceptable. Complete entry forms(s), tear off and enclose in an envelope with a check payable to *Miles for Moms*.

Mail to:

Miles for Moms

c/o Renee Rosenberg-Jaffe

PO Box 61

Edgewater, NJ 07020

Waiver/Release: In consideration of this entry being accepted, I hereby for myself, heirs, executors, and administrators waive and release any claims I may have against Miles for Moms, the City of New York, USATF, Metropolitan Athletics Congress, the Central Park Conservancy, On Your Mark Productions, their staff, officers, volunteers, successors, and assigns for injuries that may be suffered by me in this event. Further, I am physically able to participate in this event and grant the right to use my likeness in any photographic record of the Miles for Moms.

Signature _____ Date _____

(Parent/Gardian signature if participant is under 18 years of age)

