

MILES FOR MOMS

PLEDGE FORM 2009

We encourage you to get your friends, family, and co-workers to sponsor you. Please collect your sponsors' donations in advance and send pledge form with pledges prior to event or bring on race day. Make all checks payable to **Miles for Moms** and mail to: Miles for Moms, PO Box 61, Edgewater, NJ 07020.

Ask your employer about corporate matching!

Sponsor's Name	Amount Pledged
Total Amount Pledged:	\$ _____

This form may be photocopied for additional sponsors.

MILES FOR MOMS
 c/o Renee Rosenberg-Jaffe
 PO Box 61
 Edgewater, NJ 07020



9TH ANNUAL 4-MILE RUN/WALK

For Women, Men & Children
 Saturday, May 9, 2009
 Central Park, NYC

**IN HONOR AND MEMORY
OF ALL MOTHERS WHO
HAVE BATTLED CANCER.**

- + MILES FOR MOMS T-SHIRT
- + REFRESHMENTS
- + ENTERTAINMENT
- + GOODY BAG
- + RANDOM PRIZES & GIVEAWAYS

MILES FOR MOMS

IN HONOR & MEMORY OF CELIA

4M Run/Walk for Women, Men & Children
Saturday, May 9, 2009 Rain or Shine

LOCATION

Central Park, NYC, 102nd Street and East Drive

SCHEDULE

Registration/Package Pick-Up: 8:00-9:15 am
Start: 9:30 am

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

\$25 Early registration (before May 4th)
\$30 After May 4th and on race day

COURSE

Scenic Central Park loop
Mostly flat with one challenging hill
Water stops, split times

AWARDS

Top Three Overall, Male & 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

SPECIAL THANKS TO

The City of New York, City of New York Parks and Recreation, and The Central Park Conservancy

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 Run/Walk are donated to 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.

+ GET YOUR FRIENDS, FAMILY & CO-WORKERS TO SPONSOR YOU OR MAKE A DONATION

+ CAN'T MAKE IT TO THE RUN/WALK BUT WANT TO CONTRIBUTE? MAKE A DONATION ONLINE AT WWW.MILESFORMOMS.ORG

+ VOLUNTEER AT THE 9TH ANNUAL MILES FOR MOMS RUN/WALK OR JOIN OUR PLANNING COMMITTEE. VISIT OUR WEBSITE FOR DETAILS.

+ DOUBLE YOUR DONATION... ASK YOUR EMPLOYER ABOUT CORPORATE MATCHING.

+ ALL DONATIONS AND PLEDGES CAN BE SENT IN WITH YOUR EVENT APPLICATION, SUBMITTED ONLINE AT WWW.MILESFORMOMS.ORG, OR TURNED IN ON THE DAY OF THE EVENT.

MILES FOR MOMS

OFFICIAL ENTRY FORM

Apply online at www.milesformoms.org.

Name _____

Phone _____

Address _____

City _____ State ____ Zip _____

E-mail _____

Sex: M F Age (on race day): _____

Date of Birth: _____

T-shirt size: S M L XL

Event entered: RUN__ WALK__

Check whichever applies:

___ \$25 Early registration (before May 4th)

___ \$30 After May 4th and on race day

___ I would also like to make a donation of \$ _____

___ I am unable to participate, but would like to make a donation of \$ _____

Total payment enclosed \$ _____

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

Mail to: Miles for Moms
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/Guardian signature if participant is under 18 years of age