

Pre-Registration Deadline: postmark by April 19th!

**The Scott Carlson Memorial East Greenwich Rotary
Adversity Leads to Success 5K Run/Walk
April 23, 2011**

Presented by



**FLOOD
AUTO GROUP**

**\$500 Carlson Challenge Bonus Purse for
Breaking Course Records –
Men's 14:09 Women's 16:44**

\$1,000 Cash Purse

Location: Goddard Memorial State Park
Ives Rd. Warwick Rhode Island 02818

Course: Certified USATF Closed Course
Start/Finish Line at the Beach

Date: April 23, 2011

Time: **8:30** – Registration Opens
9:15 - Kid's Fun Run on Beach
10:00 - Race Start Time

Race Results Provided by **Finish Line Sports Management** using electronic timing D-Tags!

Mail-In: \$25/Adults, \$10/Children 12 and under.

Online Entry Fee: \$27/Adults, \$10/Children 12 and under.

On-Site Day of Race: \$30/Adults, \$10/Children 12 and under.

Contact: Judy Pratt
judypratt@verizon.net
www.teamals.org

On-line Registration at: www.teamals.org

Must be postmarked by April 19th. (All entries non-refundable)

All proceeds are donated to ALS Association, Rhode Island Chapter

Awards: \$1000 cash purse, \$500 Carlson Challenge bonus purse for course records, team prizes.

Top male/female: \$250, 2nd male/female: \$150, 3rd male/female: \$100.

Awards will be presented to the winning team and 1st, 2nd and 3rd place finishers in various age groups.

In the event that both the men's and women's records are broken,
the Carlson Challenge bonus purse will be evenly split.

NEW! Short Sleeve Tech Shirts: First 750 entrants. Design by Matang. **H2O & Refreshments: Plenty!**

PLEASE NOTE: For your safety and the safety of others, we ask that **baby joggers and strollers**
not go through the finish line chute. USA Track and Field Association (USATF) prohibit the use of baby joggers,
strollers, pets or headsets in road races. Athletes who do not comply subject themselves to possible disqualification.

Enclosed is my check for \$_____ payable to EG Rotary/ALS. Mail-in registration: \$25/Adult, \$10/Child 12 and under.
(Online registration: \$27. Registration on-site day of race: \$30). Or just make a donation to HELP FIGHT ALS.

T-shirt size (check one):: Small Medium Large Extra Large

Name _____ Age _____ Gender _____

Address _____ Phone _____

City _____ State _____ Zip _____

E-mail _____ Team _____

(5 or more mixed runners)

I hereby for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for damages I may have against the Race Organization and any sponsors, coordinating groups, and any individuals associated with the event. I attest that I am physically fit to compete in this event. Further, I hereby grant full permission to any and all of the foregoing to use my photographs, video tapes, motion pictures, recordings, or any other record of this event for legitimate purpose.

Signature _____

Date _____

Parent's Signature if under 18 _____

Mail To: SCMRR c/o Judy Pratt, 85 Hawthorne Ave, Warwick, RI 02886