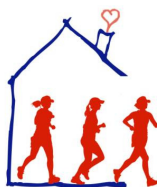




3rd Annual Women's Classic

Presented by: the Ronald McDonald House of Providence Running Club



Amgen 5K Race Cardi's Furniture 3K Walk and Wellness Fair

A celebration of women, our health, and all that we do! Open to women of all ages and abilities, from the slowest walkers to the fastest runners – all are welcome!

When: October 3rd, 2010, 10:00 am

Women Only 5K Race (run or walk) and 3K Walk

Free Kids' Races: 9:15 am (100-400 meter dashes on track, open to boys and girls ages 4-12)

Women's Wellness Fair from 8 am – noon on the grounds of the Brown University Stadium

Where: Certified, *flat and fast* 5K (3.1 miles) and 3K (1.8 miles) courses from the Brown University Stadium, through the scenic and historic East Side of Providence, and finishing in Olympic style on the Brown University Track.

Registration opens at 8 a.m. at the Brown Stadium, 400 Elmgrove Ave., Providence, RI 02906

\$17 on-line at www.strands.com by 10/1/2010, \$15 by mail postmarked by 9/28/2010,

\$20 on race day, \$10 for girls aged 13-18.

Team Competition . Team to consist of 5 or more women. Master's (40+) and Veteran's (50+) 3 members to a team. Cash to top 5 teams Open division. Top Three teams Masters & Veterans.

ALL TEAMS MUST BE USATF-NE REGISTERED TO RECEIVE CASH AWARDS.

High school teams not eligible for team awards.

Awards: Cash and/or merchandise to **top 10 overall 5K finishers** and to 1st 5 in each age group. See website for more details, <http://rmhprovidenceclassic.org/> *All entrants eligible for raffle prizes.*

Proceeds from this race will go to support the Providence Ronald McDonald House, a home-away-from-home for families of sick children.

Need more info? Visit us @ <http://rmhprovidenceclassic.org/> .

3rd Annual RMHP Amgen 5K Women's Classic

*Mail form to: RMHP Women's Classic, 45 Gay St., Providence, RI 02905 .Check payable to: **RMHP.***

Name _____ Age _____

Address _____ Phone _____

City _____ State _____ Zip _____

Team Name: (if applicable): _____ USATF Member#: _____

T-shirt size: S M L X

E-mail _____ Please circle one: **5K Race** **3K Walk**

Please check here if you were a participant in Shape Up RI.

I would like to make an additional donation to the Ronald McDonald House \$ _____

Waiver: 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 Providence Ronald McDonald House and any member, coordinating group and any individuals associated with the event. I attest that I am physically fit to compete in the event. Further, I hereby grant full permission to any and all of the foregoing to use my photographs, video tapes, motion pictures, recording, or any other record of this event for any legitimate purpose.

Signature/signature of parent or guardian if under 18

Date