

Alisha Levin's "Run to Remember" 5k Walk/Run



Come out and participate in this 5K Walk/Run to support the Alisha C. Levin Memorial Fund. A Philadelphia native, our beloved daughter, sister, aunt, niece and cousin, Alisha Levin, perished on 9/11. This fund is used to provide scholarships and fund programs for Northeast High School and Hofstra University students, Alisha's 2 Alma Maters.

WHEN and WHERE: Sat. September 16, 2017 at Northeast High School, 1601 Cottman Avenue, Phila. PA 19111

REGISTRATION: Website <https://raceroster.com/events/2017/13735/alishas-run-to-remember-2017>

9am Registration Opens

10am 5k Run/Walk Start

11am Trophy Ceremony

ENTRY FEE: \$25.00 (t-shirt included) – walk up same price

TROPHIES: 1st 2nd 3rd place Male and Female - Ages 14-19; Ages 20-39; Ages 40+ (Medals for ages 14 and lower)

CONTACT INFO: Race Director: Mindy Gottenberg, info@alishalevinmemorial.org

*Please make checks payable to "The Philadelphia Foundation". On the memo line add, "Alisha C. Levin Memorial Fund." Mail Check & Form to: Mindy Gottenberg 3861 Wheatsheaf Road, Huntingdon Valley, PA 19006
(ONE PARTICIPANT PER FORM!)

First Name: _____ Last Name _____

Address: _____ City _____ State _____ Zip: _____

Email: _____

Shirt Size (Circle One): XXL XL L M S Youth L Youth M Youth S Youth XS

Gender (Circle One): Male Female Age on Race day: _____

Amount Paid: \$ _____ Payment Type (Circle One): CASH *CHECK (Note Check #) _____

PLEASE READ BEFORE SIGNING!

Participant Release: In consideration of the acceptance of my entry, I do hereby, for myself, my heirs, executors, and administrators, waive, release, and forever discharge Philadelphia County, Northeast High School, and the Alisha C. Levin Memorial Fund, and any of their officers, members, sponsors, agents, or representatives from any and all rights and claims for property damage and/or personal injury arising out of my traveling to, participating in, or returning from the Run to Remember 5K walk/run. By signing this Release I acknowledge that I have read it in its entirety and I understand that I am voluntarily waiving potential rights and claims.

Participants Signature

Date

Parent/Guardian of minor (under 18) must sign

Date