

4th Annual
SARAH SMILES 5K



“MILES FOR SMILES”

Saturday September 18, 2010

Roger Williams Park Carousel

10am start – runners front/walkers at the rear

Registration begins 8:30 am

\$18 pre-entry fee (t-shirt to first 200 entries); \$20 on race day
mail-in form below or register online at www.strands.com/events

Awards to top 3 male/female finishers in each age category:

18/under, 19-39, 40-49, 50-59, 60-69, 70 plus

5K park course measured by Ray Nelson

Timing and Scoring by +ORGANIZATION PLUS+ Road Race Management Services

**Sarah Smiles
Foundation**

sarahsmiles4kids.org

Dedicated to the life of Sarah Allyn, and her passion for the needs of children in difficult circumstances. The “Miles for Smiles” race benefits Reservoir Avenue and other South Providence schools by providing volunteers, events, learning materials, art & recreational programs, & mentoring resources for children and their parents.

******Interested in being a sponsor or collecting pledges???***

Email: contact@sarahsmiles4kids.org/or call 401-884-0413

Directions from the South: 95 North to exit 16/Cranston exit, bear right to Elmwood Ave. ramp, then left onto Elmwood Ave, right at light into Roger Williams Park, follow signs for Carousel. **From the North:** 95 South to exit 17/Rt 1 exit, left off ramp onto Elmwood Ave, left at next light into Roger Williams Park, follow signs for Carousel.

ENTRY FORM (clip here)

Mail with \$18 check payable to: Sarah Smiles Foundation, 46 Edmond Drive, No. Kingstown RI 02852

Name _____ Age _____ Sex _____

Address _____ Phone _____

City _____ State _____ Zip _____

E-mail _____

I agree to assume all responsibility for any risk and damage or injury that may occur to me as a participant in this event. In consideration of acceptance, I hereby for myself, my heirs, executors and administrators, release and discharge all persons associated herewith from all claims, damages, rights of action, present and future, whether the same is known, anticipated, resulting from or arising out of, or incident to my participation. I hereby certify that I am physically fit and sufficiently trained for competition in this event. I agree to permit the free use of my name and pictures in any broadcast or account of this event.

Entrant's Signature

_____/_____/_____
Date

Signature of Parent/Guardian if under 18

Sunday September 23, 2007 ~ 11am start
Walk-a-Thon/ Race Pledge Sheet

1st Annual

SARAH SMILES 5K

"MILES FOR SMILES"

Verification Stamp
 will be
 applied
 here

Instructions: Each individual participating in the 5K walk/run event should have their own pledge sheet. Participants should obtain pledges from sponsors who agree to pay a certain amount of money per mile completed [max. 5 kilometers or ~3 miles]. Bring the pledge sheet to the event to have your participation verified. After the event, participants should collect money based on the actual distance completed and return the money with the pledge sheet to the mailing address given at the bottom of this sheet. Please be sure to thank your sponsors for their support of the Sarah Smiles Foundation.

No.	Sponsor Name	Mailing address	Telephone	Pledge p/mile	Flat Donation	Sponsor's signature
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
						Amount collected:

Please make checks payable to: Sarah Smiles Foundation, 46 Edmond Drive, No. Kingstown RI 02852

