



# Rachel's Run

180 Middlesex Rd. Tyngsboro, MA  
(Academy of Notre Dame)

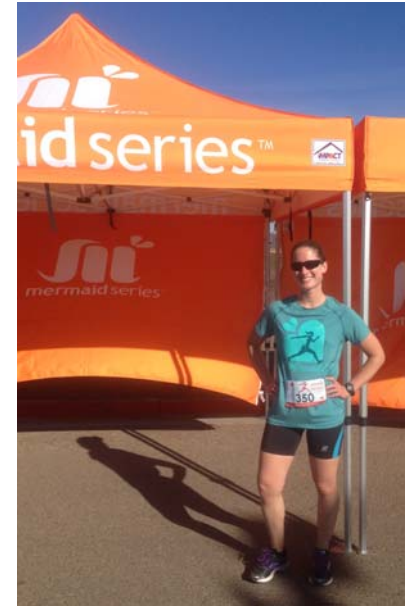
Saturday, November 29<sup>th</sup>, 2014

8 AM Registration - 9:30 AM Walk - 10 AM Run

**FREE SHORT SLEEVE T-SHIRT**

to the first 100 applicants

## OFFICIAL REGISTRATION FORM



Please fill out this form completely. Applications can be sent to 38 Linwood St. Chelmsford, MA 01824 or register online at [www.lightboxreg.com/rachels-run](http://www.lightboxreg.com/rachels-run). Checks should be made payable to the Rachel Morrison Memorial Fund. You can also bring this form with cash or check on the day of the run/walk. All money raised from this event will benefit the Rachel Morrison Memorial Fund and will be used to promote young women in science. One person per registration form.

*Please note: In order to comply with insurance requirements: strollers, baby carriages, or pets are not allowed in the race or walk.*

Run registration fees are \$25.00 per person prior to the day of event and walk registration fees are \$20.00 per person. Children 17 and under are also \$20.00. These fees increase by \$5.00 if registering on the day of event.

I am registering for the Race \_\_\_\_\_ Walk \_\_\_\_\_ Enclosed \$ \_\_\_\_\_  
I would like to make an additional donation to the Rachel Morrison Memorial Fund Enclosed \$ \_\_\_\_\_  
Total \$ \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_

First: \_\_\_\_\_ MI: \_\_\_\_\_ Last: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Age on Date of Event: \_\_\_\_\_

Shirt Size: Small \_\_\_\_\_ Medium \_\_\_\_\_ Large \_\_\_\_\_ Extra Large \_\_\_\_\_

(Size not guaranteed)

In consideration for this entry being accepted, I, and on behalf of my heirs, executors and assigns, do forever release the Academy of Notre Dame, volunteers, the City of Tyngsboro, and any others associated with this event from any claims whatsoever resulting from my participation in this event. I understand the risks associated with this event. I attest the I am physically fit to participate in this event. I grant full permission for the organizers to use photographs of me in legitimate accounts and promotions of this event. I authorize the Rachel Morrison Memorial Fund to send me e-mail messages and advertisements pertaining to past and future races and walks and to other Rachel Morrison Memorial Fund News.

\_\_\_\_\_  
Parent or guardian's signature if under 18 years of age

\_\_\_\_\_  
Applicants signature