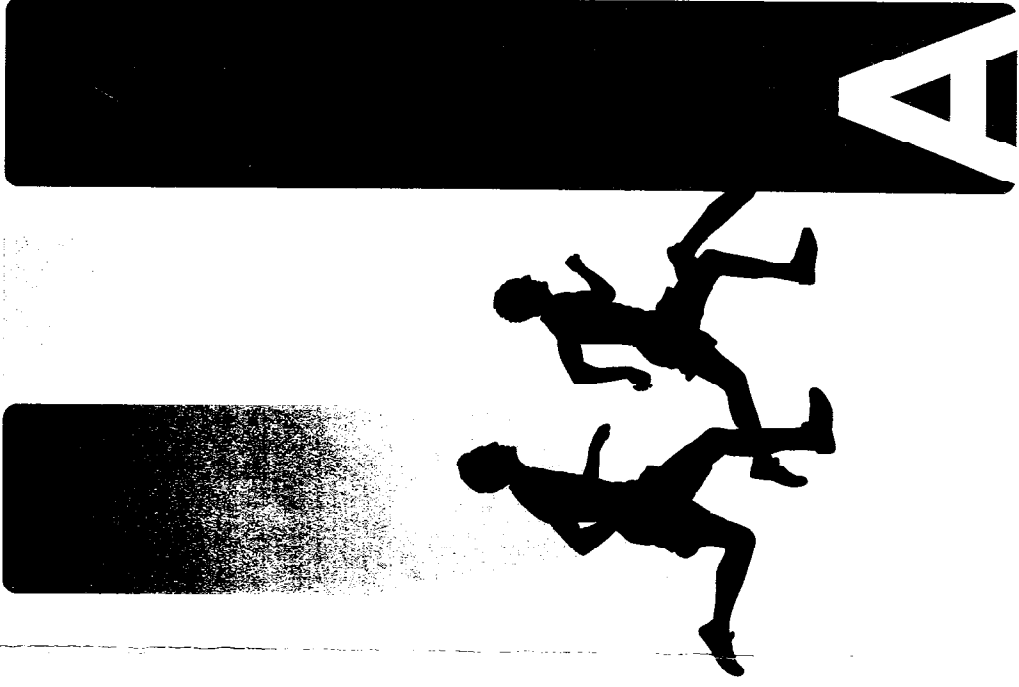


7th Annual 5K Run/Walk



(Muscular Dystrophy Association)

HILLSIDE
Medical Center

Place
Postage
Here

ERA Preferred Properties, Inc.
ATTN: Bill Shanbarger
570 Carlisle Street
Hanover, PA 17331

THANK YOU
TO ALL OF OUR SPONSORS



HILLSIDE
Medical Center

**SOUTH PENN
ROAD RUNNERS**



Race Information

Proceeds Benefit MDA
(Muscular Dystrophy Association)

Saturday, September 12, 2009
(Rain or Shine)

Race Day Registration:

8:00—8:45 am

Run Start Time:

9:00am

Early Registration Deadline:

August 20, 2009

Entrance Fees:

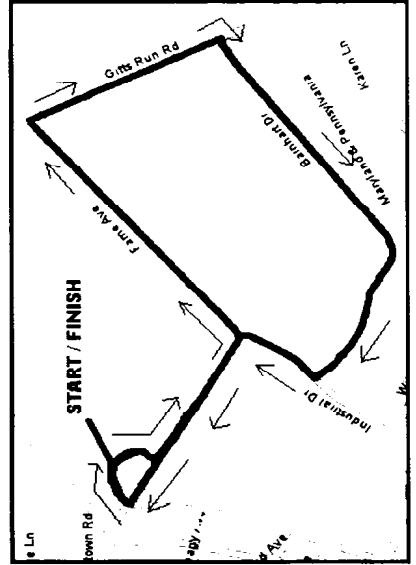
Before Aug. 20: \$20
(with t-shirt)

After Aug 20: \$25

(t-shirts available while supplies last)

Race will start and end at:

Hillside Medical Center
250 Fame Avenue
Hanover, PA 17331



Team donations will be accepted. Sponsorship sheets are available by contacting Bill Shanbarger at: (717) 633-6261

Corporate Awards Corporate Challenge Cup

For BUSINESS teams with a minimum of five (5) runners and / or walkers.

A winning walking and running team will be awarded based on total pledges collected.

Please note, each corporate team member must have a minimum of \$25 in pledges

Individual Awards (for runners only)

Trophies will be awarded to the first three overall male and female winners, as well as medals to the first three finishers in each age group.

No duplicates.

Categories

Male

15 & under, 16-20, 21-29, 30-39,
40-49, 50 & above

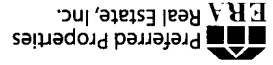
Female

15 & under, 16-20, 21-29, 30-39,
40-49, 50 & above

Medical Assistance

Certified Athletic Trainers will be available to administer First Aid and provide medical assistance if needed. Refreshments will be available following the race.

Must be received by August 20, 2009 for early registration
Mail to: ERA Preferred Properties, Inc.
Attn: Bill Shanbarger, 570 Carlisle Street, Hanover, PA 17331
Make Check Payable to: Muscular Dystrophy Association



Registration Form

First Name _____ MI _____ Last Name _____
Address _____ Phone _____
Gender: Male Female T-shirt Size: S M L XL
City _____ State _____ Zip _____ Age (on 9/30/09) _____
(Circle one) Individual Run/Walk or Team Run/Walk: Team Name _____

In consideration of the acceptance of this entry to the Heritage/ERA Preferred Properties 5K Run/Walk for MDA at Hillside, I waive all claims for myself, my heirs, and assigns against the race sponsors or promoters for injury or illness, which may result from my participation. I also give my permission for the use of my name and/or picture in any newspaper or any other account of the event. I further state that I am in proper physical condition to compete in this race.

Please Read and Sign Release

Signature: _____ Date: _____