

BlueCross BlueShield of Western New York and Canisius College
 present

2006 shoes FOR THE shelter



BlueCross BlueShield of Western New York

March 26, 2006
12 noon

5K RUN / WALK

South Buffalo Athletic Club
Runner of the Year Series



Community Blue • Traditional Blue

A Division of HealthNow New York Inc. An Independent Licensee of the BlueCross BlueShield Association

Registration/Pick-Up: Canisius College Patrick Lee Center, adjacent to Koessler Athletic Center, corner of Main and Delavan, parking and locker rooms available. Race packets may be picked up 3/24 (3-6 p.m.) and 3/25 (12-4 p.m.) and after 9:00 a.m. on day of race. Bibs and ChampionChip timing chips available only on race day.

Course/Distance: Forest Lawn Cemetery, located at corner of Main and Delavan; 5 Kilometers (USATF Certified NY 99052AM - Compliments of the Greater Buffalo Track Club)

ChampionChip: Race will be scored using a ChampionChip timing system. All chips are to be worn on the participant's shoes. Chips must be returned immediately upon conclusion of race. Canisius College will charge \$30.00 for any unreturned chip.

Awards: First Place Male and Female Overall; Top Three Finishers (M&F) in all age categories. Additional awards for BlueCross BlueShield employees and Canisius College employees, students and alumni.

Race Start Time: 12:00 p.m.

Age Categories (M&F): 10 & under, 11-14, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70+

Race Day Itinerary:

9:00 - 11:30 a.m.	Registration
10:30 - 11:00 a.m.	Runner's Mass at Patrick Lee Center
11:00 - 11:30 a.m.	Runner's Stretch at Patrick Lee Center
11:30 a.m.	Start of One Mile Fun Walk
12:00 p.m.	Start of 5K Race
12:30 - 2:00 p.m.	Post-Race Party at Patrick Lee Center
1:15 - 1:45 p.m.	Awards Ceremony at Patrick Lee Center



***** Entry Fee Information *****

Entry Fee:	Adults:	\$17.00	Pre-registration,	\$20.00	Day-of-Race
	Children (14 and under):	\$10.00	Pre-registration,	\$12.00	Day-of-Race
	Canisius College Students	\$10.00	Pre-registration,	\$12.00	Day-of-Race
	BlueCross BlueShield Employees (Canadian Funds - Add \$5.00)	\$10.00	Pre-registration,	\$12.00	Day-of-Race

- * Turn in a pair of sneakers/shoes for the St. Vincent de Paul shelter on race day (optional)
- * Make checks payable to **Canisius College Blue and Gold Club** and mail check and entry form to: John Maddock, Associate Athletic Director, Canisius College, 2001 Main Street, Buffalo, NY 14208
- * Long-sleeve T-shirts to the first 400 registered participants!!



2006 SHOES FOR THE SHELTER SPONSORS

- | | | | |
|--|-------------------|---------------|-----------------------|
| Ad Pro | Al Cohen's Bakery | AJ Flood | Courtyard by Marriott |
| BlueCross BlueShield of Western New York | Leone Timing | Chartwell's | Pepsi-Cola |
| Forest Lawn Cemetery | Sahlen's | Medco | |
| Rich Products | | Upstate Farms | |

Entry Form:

Last Name

First Name

Age **Sex** **Birth Date (mm/dd/yy)** **1 Mile Walk** **5K Run**

(must select one)

Address

City **State/Prov.** **Zip/Postal Code**

- -

Phone **E-mail** _____



Check only ONE of the following affiliations:

Canisius College Student **Canisius Faculty/Admin/Staff** **Canisius Alumni** **BlueCross Employee** **No Affiliation**

Yr. _____

Release: I know that running a road race is a potentially hazardous activity. I agree I should not enter and run unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with running in this event, but not limited to: falls, contact with other participants, the effects of the weather, traffic, and the conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself, and anyone entitled to act on my behalf, waive, and release Canisius College, the Athletic Department, Forest Lawn Cemetery, BlueCross BlueShield, and all sponsors, their representatives and successors from all claims of liabilities of any kind arising out of my participation in this event though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver.

Signature: _____ **Date:** _____

(Parent Signature if under 18)