

Brighton Kiwanis presents
6th ANNUAL

CORRINE'S PRIDE

5K RUN to fight Cystic Fibrosis

When: **Saturday, September 25, 2004** (rain or shine)

Where: **Clove Lakes Park in Staten Island, New York**

Starts: **10:00 a.m. with BBQ & Kids Dash to follow!!!**



DAUGHTER OF M.O.S. (Member of Service)

Corrine Liell is a 10-year-old sixth grader who was diagnosed with Cystic Fibrosis (CF). CF is the number-one genetic killer of children and young adults in this country. Approximately 30,000 people in the United States have CF. A defective gene causes the body to produce an abnormally thick, sticky mucus. This abnormal mucus leads to chronic and fatal lung infections and impairs digestion. **Currently, there is no cure.** However, scientists supported by the Cystic Fibrosis Foundation are writing a remarkable medical success story. This fun run is designed to raise money that will be donated to Cystic Fibrosis Research in hopes to some day find a cure.

Registration

- Pre-registered Entry Fee: \$12.00 (guaranteed a T-shirt)
- Race Day Entry Fee: \$15.00

Course

- 5K (3.1 miles) in and around Clove Lakes Park

Awards

- Top 3 overall Male & Female; Top NYPD Team; Top FDNY Team
- Top 3 overall Male & Female in the following age categories:
12 & under, 13-18, 19-29, 30-39, 40-49, 50-59, 60-69, 70+
- Top Male & Female Open Team Awards (3 team members)
- Top Male and Female Masters (40 years +) Team Awards (3 team members)

Number Pick-Up

- All Pre-registered runners can pick up their T-shirts and Bib numbers, Thurs. Sept. 23rd, 6pm - 9pm, at "**Big Nose Kate's**" **Saloon & Eatery, 2484 Arthur Kill Road. (718) 227-3282** or on race day from 7:30am to 9:30am, at the Administration Building.

Directions

- Cross the Verrazano Bridge and follow signs to Clove Road. Exit service road (through 2 traffic lights). Turn right on Clove Road. Proceed through 4 traffic lights. Turn left after Park Administration Building into entrance and parking lot at 1150 Clove Road.

For more information or to volunteer call Stephen Liell at 917-373-3858.

For More Information - WWW.SIRUNNING.COM or WWW.CORRINESPRIDE.ORG

Please cut along the dotted line - Entry must be post marked by September 15, 2004. REGISTRATION FORM MAY BE PHOTOCOPIED.

NAME: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
DAY PHONE: _____

BirthDay: ____/____/____ Month / Day / Year
Age on Race Day: _____
Sex: Male ____ Female ____
T-shirt Size: M__ L__ XL__
Team: _____

Pre-Registration Fee is \$12
Race Day Registration Fee is \$15
Total Enclosed \$ _____
I cannot attend but please accept my donation of \$ _____

Make Checks payable to "Corrine's Pride" and Mail to: Corrine's Pride, P.O. Box 60441, Staten Island, New York 10306

In consideration of accepting this entry, I, the undersigned intending to legally bound, for myself and my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against the Cystic Fibrosis Foundation, the Greater New York Chapter of the CFF, Comne's Pride, NYRROA, Clove Lakes Park, County of Richmond, Staten Island, New York, Brighton Kiwanis and all sponsors of event for any and all injuries suffered by me in said event. I attest and verify that I am physically fit (which a licensed medical doctor has verified) and have sufficiently trained for the completion of this run/walk. If signed by a parent, s/he agrees to release and hold the above named organizations and persons harmless of any claims and/or rights which may be asserted on behalf of the entrant.

Signature _____ Parent Signature (if under 18 years old) _____

Date: ____ / ____ / 2004