

Enjoy a morning run/walk through the Historic and Downtown district of Franklin by signing up for Teche Action Clinic's Adeline Guienze Breast Cancer Memorial Fund 5K Run/Walk. Teche Action Clinic established the Adeline Guienze Breast Cancer Memorial Fund in memory of Adeline Guienze to support its Women's Health Program. Funds generated from the event will be designated to pay for mammograms for women who fall within specific income guidelines and the program's breast cancer awareness outreach and education initiatives. This event is being held as part of the City of Franklin Main Street Merchants Association Harvest Moon Fest activities.



The 5K Run/Walk will begin with a 7:30 am pre-race stretch, featuring recording artist "Cupid", who will warm everyone up with "The Cupid Shuffle", and his new hit, "Teach Me How To Wobble". The actual race will begin thereafter, at 8:00 a.m. in front of the Courthouse Square.

Awards:

One hundred dollars (\$100) will be awarded to the top first place male winner and the top first place female winner. 1^{st} , 2^{nd} , and 3^{rd} place trophies will be awarded for the top male and female runners and the top male and female walkers (*by official race clock*). Medals will be awarded for other categories.

Detach Here

Teche Action Clinic Adeline Guienze Breast Cancer Memorial Fund *5K Run/Walk*

Registration Form

Please make checks/money orders payable to: Teche Action Clinic Attn: 5K Run/Walk 1115 Weber St. Franklin, LA 70538

____ \$20.00 All entrants pre-registered by October 11, 2010. (includes t-shirt)

___ \$25.00 All entrants registered after October 11, 2010. (t-shirt is not guaranteed)

____ \$ 15.00 Senior Citizen (62 years and older - includes t-shirt)

- ____ \$15.00 No t-shirt entry
- ____ \$5.00 School Teams (Per student/No T-shirt)

<u>Early registration</u> fees must be received by 5:00 p.m. Monday, October 11, 2010 <u>Late registration</u> will begin at 6:30 a.m. at the Courthouse Square the entry fee is \$25.00

Name	
Address	
City	
State, Zip	
Phone (Day)	
Phone (Evening)	
Employer	
Organization	
Date of Birth	Age

Sex:
Male
Female

Runner	□ Walker
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T-Shirt Size (Circle One) S M L XL XXL

In consideration of the furtherance of your purposes, objectives and work, and in consideration of your permitting me to participate in this event, on behalf of myself, my heirs, executors, administrators and assigns, I hereby waive and release any and all rights and claims for damages which I may have against you as well as the sponsors connected with Teche Action Board, Inc. d/b/a Teche Action Clinic Adeline Guienze Breast Cancer Memorial Fund 5K Run/Walk, their heirs, executors, administrators, successors and assigns for any and all injuries for which I may suffer while taking part in the race or as a result thereof. I also grant full permission for organizers to use name, photographs, videotapes, audiotapes or other recordings of me that are made during the course of this event.

Signature_

Participant or Parent/Guardian if under 18

