



**ACQUIRED BRAIN INJURY NETWORK**  
**First Annual**  
**2015 BOO-TIFUL BRAINS!**  
**HALLOWE'EN**



**5K TIMED RUN/WALK & 1 MILE FUN RUN/WALK**

**Saturday, Oct. 31, 9:00 am Start**

**Support services that help rebuild lives after brain injury.**

**Individual/Team and Event Sponsor Forms at [www.abin-pa.org](http://www.abin-pa.org).**

**COSTUMES ENCOURAGED FOR ALL!**

Schedule	Location	Registration
8:00 Check-in, race day sign-up 9:00 5K Timed Run/Walk Starts 9:40 1 Mile Fun Run/Walk Starts 10:00 Awards & Raffle	Norristown Farm Park Pavilion near Parking Lot #2 2500 Upper Farm Road East Norriton PA 19403	\$20 - postmarked by October 10 (T-Shirts Guaranteed) \$25 - October 11 thru October 28 \$30 - October 29 to day of race

**Run Timing & Online Registration by Pretzel City Sports**

*Awards, Raffle, Refreshments, Macadem Trails, Pet Friendly Park.*

*RAIN OR SHINE: No refunds if cancelled for unsafe conditions.*

**REGISTER NOW**

Registration is also online at [www.pretzelcitysports.com](http://www.pretzelcitysports.com) thru Wednesday, 10/28.

For each person, complete form, make check payable to ABIN-PA & mail to: ABIN-PA, 2275 Glenview Drive, Lansdale PA 19446. For guaranteed T-shirt, postmark Early Registration by October 10th. Sizes may be substituted. SELECT ADULT SIZE: S\_\_ M\_\_ L\_\_ XL\_\_ XXL\_\_. SELECT EVENT: 5K Timed Run/Walk\_\_\_\_\_ or 1 Mile Fun Run/Walk\_\_\_\_\_.

SELECT AMOUNT: Early Registration (by October 10) \$20\_\_ Regular \$25\_\_ Day of Event \$30\_\_. Check # \_\_\_\_\_.

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ Age on 10/31 \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_ Birthdate \_\_\_\_\_

EMAIL \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Team Name? \_\_\_\_\_

Waiver/Release: I hereby waive all claims against ABIN-PA, the race director, race officials and volunteers, any and all sponsors, Norristown Farm Park, East Norriton Township and Montgomery County and those in their employ, and all their representatives and successors from any injury or liability I might suffer in this event. I attest that I am physically fit and prepared for this event. I assume all risks associated with running, walking, volunteering, attending or participating in this event including, but not limited to: falls, contact with other participants; the effects of the weather; and the conditions of the trail or road; all such risks being known and appreciated by me. I grant full permission for organizers to use my name and/or pictures in any and all legitimate accounts and promotions of this event.

Signature X \_\_\_\_\_ (Parent/guardian if under 18 year s old.) Date \_\_\_\_\_

**Acquired Brain Injury Network of Pennsylvania, Inc.**

Contact [info@abin-pa.org](mailto:info@abin-pa.org), go to [www.abin-pa.org](http://www.abin-pa.org) or call 267-263-2651 for more information, registration forms and sponsorship forms.

ABIN-PA is a 501(c)(3) Pennsylvania nonprofit corporation. Contributions are tax deductible. The official registration and financial information of the Acquired Brain Injury Network of Pennsylvania, Inc., may be obtained from the Pennsylvania Department of State by calling toll free, within Pennsylvania, 1 (800) 732.0999. Registration does not imply endorsement.