# *22nd Annual Alzheimer's Run*

(3 miles)

***Alzheimer's Foundation of Staten Island, Inc.***

***Saturday, May 8, 2010***
***9:30 a.m. Sharp!***

## *Midland Beach Promenade at Turtle Circle*

at the foot of Jefferson Street

Special thanks to

## Staten Island Athletic Club

for it's continued support

Offering assistance, information and support to those coping with the devastation of Alzheimer's Disease.

… providing * Referrals * Equipment Loans * Helpline *
*Legal and Financial Planning* Newsletters*
*Support Groups* Medic Alert/Safe Return Program*
*Video & Book return Library * In-Service Training*
Advocacy

**Awards**

No duplicates awarded.

**1st – 3rd Places Overall**

**Age Groups** – Male and Female
1st, 2nd & 3rd Places
19 & Under, 20 – 29, 30 –39, 40 –49,
50 –59, 60 –69, 70+, Clydesdale and Athena

**Parent/Child Team –** Award in 1st,2nd & 3rd place.(Team entry only eligible for Team award.)

**Start and Finish :**
On the Midland Beach Promenade by the Turtle Circle ( at Jefferson Avenue)
**Breakfast to follow Race.**

**Entry Fee:** Completely Tax deductible

| | Indiv. | Team |
|---|---|---|
| On or before May 5 | $15. | $20 |
| After May 5 | $20 | $25 |

T-shirt not guaranteed with Race Day registration.

**___Make checks payable to:**
Alzheimer's Foundation of Staten Island, Inc.
789 Post Avenue
Staten Island, NY 10310
718-667-7110

**Registration & Pick-up**- Wednesday, May 5 at Alzheimer's Foundation,
789 Post Avenue, from 7:00 p.m. – 8:00 p.m.
Race Day – 8:30 a.m. – 9:25 a.m.

**Donations:**
If you are unable to attend, please consider making a donation to help support the many programs and services the Foundation provides to our patients and caregivers. This tax deductible donation means so much to so many.

Please complete this form and return with payment to the **Alzheimer's Foundation of Staten Island**
**789 Post Avenue**
**Staten Island, NY 10310**
**718-667-7110**

**Last Name**_____
**First Name**_____
**Address**_____
**City**_____**State**_____
**Zip Code**_____ **Phone**_____
**E-Mail Address:** _____
**Sex M F Age: _____ Category: Run Walk**

I Have a **Team with** _____

_____Clydesdale or Athena. ( circle one)
All runners please indicate T-Shirt Size below:
____S ____M____L___XL____XXL____2X____
____Please find my check for $_____made payable to the Alzheimer's Foundation of Staten Island.
____Please charge my : MC Visa Disc Am Ex
( circle one)

Card #_____

Expiration Date_____ Amount_____

Signature_____

_____My payment of $_____was made online at Paypal on your website at www.sialzheimers.org.

In consideration of my entry in the Alzheimer's Run, I , the undersigned, intending to be legally bound for myself, my heirs, executors and administrators, waive and release any and all rights against against the organizers, sponsors and officials for any injuries suffered by me in the said event. My physical condition has been verified by a licensed physician.

Signature_____

Date_____