

PERFORMANCE CLOTH SHIRTS FOR THE 1ST 150 ENTRIES!!!!!!!

CATEGORY PRIZES 3 DEEP – GOODIE BAGS – POST RACE RAFFLE

**18TH ANNUAL SANDOWN OLD HOME DAYS
5 - MILER
AND KID'S 1K
SATURDAY AUGUST 07, 2010**

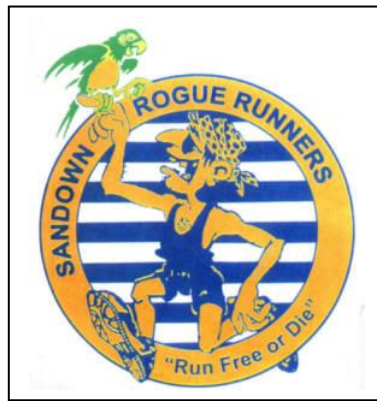
SPONSORED BY SANDOWN ROGUE RUNNERS AND GREATER DERRY TRACK CLUB



PRIME SPONSOR

POST RACE RAFFLE –

INCLUDING NIGHT FOR 2
AT THE BOSTON
COURTYARD BY MARRIOTT

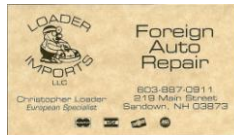
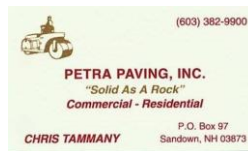


PRIME SPONSOR

**\$100 NEW BALANCE
GIFT CERT**

1ST PLACE MALE AND FEMALE

RACE SPONSORS:



PRODUCT AND PRIZE SPONSORS:

**COURTYARD BY MARRIOTT, BROOKLYN BAGEL, ATHLETE'S CORNER, NE
INSTITUTE OF WHOLE HEALTH, EASTERN MOUNTAIN SPORTS, HANNAFORD**

TO BENEFIT SANDOWN'S YOUTH ORGANIZATIONS

9:00 AM - 5 MILE RACE

8:30 AM - KID'S 1K FUN RUN - 11 YRS OLD AND UNDER

PERFORMANCE CLOTH SHIRTS FOR THE 1st 150 ENTRIES!!!!!!!

**Fee for Kid's IK = Donation of A Non Perishable Food Item (s) For
The Sandown Food Pantry**

Still a Bargain ENTRY FEE FOR 5-MILER - \$20.00 BEFORE 8/1/10
- \$25.00 RACE DAY

RACE INFORMATION: (603) 887-5589, mtraeger@earthlink.net

MAKE CHECK PAYABLE To: SANDOWN OLD HOME DAYS

P.O. BOX 67, SANDOWN, NH 03873

**RACE DAY REGISTRATION OPEN AT 7:30 AM AT FIRE STATION – MAIN STREET
(CORNER OF 121A AND HAMPSTEAD RD.)**

5-MILER: _____ **KIDS 1 K FUN RUN** _____ **Email:** _____

Last Name: _____ **First Name:** _____

Address: _____ **Town:** _____

State: _____ **Zip Code:** _____ **Phone #:** (____) _____

Sex: _____ (M/F) **AGE:** _____ (on race day) **Singlet :** SM _____ M _____ L _____ XL _____

Clydesdale 190lbs.+ _____ **Filly (women) 140lbs.+** _____

Running Club: _____ (Required for NH Grand Prix Series)

WAIVER DISCLOSURE: I, the undersigned, for myself and anyone entitled to act on my behalf, hereby assume all risks of participation in the activities even though such risks may arise out of negligence or carelessness on the part of the persons named in this document. Having read this document and understanding the representations made, and in consideration of the acceptance of my entry fee, I, for myself and anyone entitled to act on my behalf, waive and release all sponsors, all governmental bodies, all race directors and any of their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event. Athletes who participate in this competition will be subject to formal drug testing in accordance with TAC rules and IAAF Rule 144. Athletes found positive for banned substances, or who refuse to be tested, will be disqualified from this event and will lose eligibility for future competitions. Some prescription and over the counter medications contain banned substances. Information regarding drugs and testing may be obtained by calling the USOC Hot Line at 800-233-0393.

Signature (parent or guardian if under 18: _____ **Date:** _____

THIS IS A NEW HAMPSHIRE GRAND PRIX RACE!

SERIES SCHEDULE:

SUN, APR 11 GCS NASHUA SOUP KITCHEN 10K

SUN, APR 25 RR RED SHOE BARN 5M

SAT, MAY 1 GDTC FOOTHEALTH

SUN, JUN 6 GCS PACK MONADNOCK 10M

SAT, JUL 17 GSRT BILL LUTI 5M

OCT.TBD AA PAWTUCKAWAY 5K