

The Friends of Peace Valley Nature Center Invite You to Participate In The

9th Annual

Friends of the Dove

10K Run and

2 Mile Nature Health Walk

Sunday, September 21, 2008

10K Race Starts 9 a.m.~ Walk Starts 9:10 a.m.

All Proceeds Benefit Friends of Peace Valley Nature Center Education Programs



ENTRY FEES:

\$25 - Postmarked by 9/12/08

\$30 - 10K Race Day

\$10 - 2 Mile Nature Health Walk

Long Sleeve T-Shirts limited to first

250 Pre-Registered 10K Runners and

Short Sleeve T-Shirts to the first

50 Nature Health Walkers

Registration For 2 Mile Nature Health Walk is Race Day Only

PRE-REGISTRATION ~ 10K ONLY

Register Online at: www.active.com or

Mail: Race Application and check

payable to The Friends of PVNC to:

Attn: Friends of the Dove/Compuscore

1579 Springfield Avenue

New Providence, NJ 07974

AWARDS

Awards will be given to First Male and

Female Overall Finishers, and the Top

Three Male and Females in each age

group as follows: 19 & under, 5 year

increments thereafter, 60 & over

INFORMATION:

Visit our website at:

peacevalleynaturecenter.org and

click onto Events to download

Race Application.

Like to Volunteer?

Call Peace Valley Nature Center

at 215-345-7860 (Ask for Craig)



TO MAKE ADDITIONAL DONATIONS TO FPVNC:

Make your check payable to

"The Friends of PVNC" and

mail to Friends of PVNC,

170 Chapman Road

Doylestown, PA 18901

Race Directors: Craig Olsen and

Diane Szwajkowski

Race Results posted at:

compuscore.com

EVENT SCHEDULE:

7:15-8:45 a.m. REGISTRATION

at Pavilion 3 For 10K Run And 2-Mile

Nature Health Walk; T-Shirt pick up

9:00 a.m. 10K Race Start

9:10 a.m. 2 Mile Nature Health Walk

Post Race Celebration which will

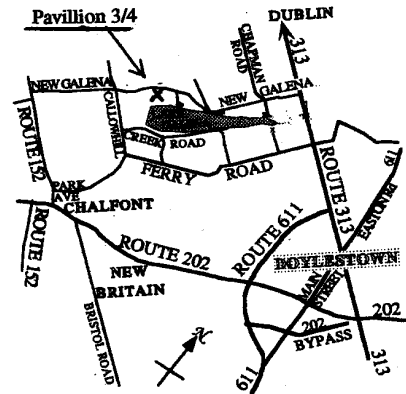
include food for walkers & runners

(show you bib #) as well as door prizes

Directions to Pavilion 3 and Application

www.peacevalleynaturecenter.org

click on events



This Pre-Registration Form is for the 10K Only

Registration For Nature Health Walk Should Not Be Mailed ~ Register For Nature Health Walk in Person on Race Day

FirstName _____ Last Name _____ BIB# _____

Address _____

Male _____ Female _____ Age as of 9/21/08 _____ Phone number and emergency contact _____

Email _____

BUCKS COUNTY DEPARTMENT OF PARKS AND RECREATION WAIVER OF LIABILITY

Since I/ my son/daughter are participating in this event voluntarily and at my own/ son/daughter's risk, I agree not to sue or hold liable the County of Bucks, the Department of Parks and Recreation, Peace Valley Nature Center, The Friends of Peace Valley Nature Center, or any of its representatives, and/or individuals responsible for any injury or damages to me/my son/daughter resulting in participation in this event. The Bucks County Department of Parks and Recreation and its' representatives have my permission to arrange transportation to a licensed physician or medical facility. I grant permission for a licensed physician to provide any medical care or treatment this physician deems necessary to myself/ my son/daughter. Participants 18 years of age or younger must have a parent or guardian sign this form. Individual participants 18 years of age or older must sign for themselves.

Signature _____ Date _____ Signature of Parent or Guardian If Under 18 Years of Age _____ Date _____