FACTS ABOUT SPINA BIFIDA

Spina Bifida is the most common permanently disabling birth defect in the United States that causes mobility and functional challenges. The U.S. Public Health Service recommends that all women of child bearing age consume .4mg of folic acid per day prior to becoming pregnant and during the first trimester of pregnancy to reduce the risk of Spina Bifida.

OUR ORGANIZATION

The Spina Bifida Association of the Delaware Valley (SBADV) is a 501 (c)(3) non-profit organization. Founded in 1972, the organization serves the following counties: Philadelphia, Bucks, Chester, Montgomery, Delaware, Gloucester, Camden, and Burlington. The mission of the SBADV is to promote the prevention of Spina Bifida and to enhance the lives of all affected. We are volunteer-based and we provide funding for uncovered medical costs and equipment, summer camps, sports, and education needs for our constituents. Thank you for your continued support! WWW.SBADV.ORG





Philadelphia, PA 19103

Parking: Please note that Lloyd Hall has a 2hour parking limit. Cars parked longer than 2 hours will be ticketed.

Additional Information

For additional questions about the race please contact Stu Greenberg -SAG17@comcast.net ASSOCIATION OF THE DELAWARE VALLEY

SATURDAY, OCTOBER 19, 2019

PART OF THE PHILADELPHIA PARKS AND RECREATION RACE SERIES

WWW.RUNSIGNUP.COM

EVENT DETAILS

REGISTRATION 7:30AM

RACE START TIME 9:00AM

INDIVIDUAL FEE \$30

YOUTH (16 & UNDER) \$15

Registration includes
T-shirts and
Post-race refreshments

SPONSORSHIP LEVELS

PLATINUM SPONSOR: \$1,000

- Company banner will be displayed at the start/finish lines
- Company name/logo on t-shirts and all printed materials
- · Company name on mile marker

GOLD SPONSOR: \$750

- Company name/logo on t-shirts and all printed materials
- Company name on mile marker

SILVER SPONSOR: \$500

- Company name/logo on all printed materials
- . Company name on mile marker

SIGN SPONSOR: \$100

 Company name/Family name on mile marker

Please send sponsorship donations to: SBADV P.O. Box 1235 Havertown, PA 19083

REGISTRATION

Register at www.runsignup.com or fill out and send in the form below.

FULL NAME

ADDRESS
EMAIL ADDRESS
PHONE NUMBER
SHIRT SIZE
$S \ ____ \ M \ _____ \ L \ _____ \ XL \ _____ \ 2X \ _____$
TEAM NAME (OPTIONAL)
MALE FEMALE AGE
WHEELCHAIR DIVISION Y/N
EMERGENCY CONTACT
EMERGENCY CONTACT PHONE
WAIVER, I HEREBY RELEASE FROM LIABILITY, WAIVE ANY CLAIM AGAINST, FOREVER DISCHARGE
AND HOLD HARMLESS SBADY, THE CITY OF
PHILADELPHIA, THE PHILADELPHIA DEPT. OF
PARKS AND RECREATION AND EACH OF THEIR AFFILIATED COMPANIES OR OTHER
ORGANIZATIONS, SPONSORS, VOLUNTEERS
ASSOCIATED WITH THE EVENT, ORGANIZERS OF THE EVENT AND EACH OF THEIR RESPECTIVE
OFFICIALS, ANY AND ALL VENDORS FROM ANY
AND ALL CLAIMS FOR INJURIES, DISABILITIES,
DEATH, PROPERTY DAMAGE, ATTORNEY'S FEES OR OTHER LOSS OF ANY KIND THAT MAY BE
SUSTAINED IN CONNECTION WITH MY
ATTENDANCE AT OR PARTICIPATION IN THE EVENT OR ANY ACTIVITY SURROUNDING THE
EVENT.
SIGNATURE

Return Registration fee and form along with the signed waiver and your check to:

Spina Bifida 5k PO Box 18543 Philadelphia, PA 19129