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, Camdem, 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





Kelly Drive

Philadelphia, PA

Parking: Please note that Lloyd Hall has a 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

BENEFITING THE SPINA BIFIDA ASSOCIATION OF THE DELAWARE VALLEY

SATURDAY, OCTOBER 20, 2018

PART OF THE PHILADELPHIA PARKS AND **RECREATION RACE SERIES**



EVENT DETAILS

7:30AM

REGISTRATION

RACE START TIME 9:00AM
INDIVIDUAL FEE \$25
YOUTH (16 & UNDER) \$15

T-shirts
Post-race refreshments
Race day raffles

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 SBADV, 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
DATE

Return Registration fee and form along with the signed waiver and your check to: Spina Bifida 5k

PO Box 18543 Philadelphia, PA 19129