

5K Run/Walk
Sunday, December 2, 2007
10:00 am Rain or Shine
 9am Registration

1st 2nd & 3rd Place Medals

Location: Fairleigh Dickinson University - The Mansion
 285 Madison Avenue
 Madison, NJ 07940

Entry Fees:

Pre Registration: (Due Nov 30)
 Students/Faculty: \$10
 General: \$15
 Day of Race: \$20



Operation Smile is a non-profit volunteer medical service organization that provides reconstructive facial surgery (primarily for cleft lip and cleft palates) to children and young adults in developing countries and in the United States. It began in 1982, and since then over 100,000 lives have been changed. Each surgery takes about forty-five minutes, costs \$240, and leaves an impact that is priceless. This year, Operation Smile celebrates its 25th Anniversary.

Farleigh Dickinson University's Service Learning Class is holding this event in honor of Operation Smile's 25th Anniversary. They are working with the organization to raise money, create awareness and change lives one smile at a time.

Send registration form to:
 Miles of Smiles 5k
 C/O Dr. Farias
 285 Madison Avenue
 M-MS1005
 Madison NJ, 07940

Make Checks Payable To:
 "FDU-Operation Smile" or
 Pay via Paypal: MilesOfSmiles5k@gmail.com
 Additional Info: 908-917-8413

Registration Form

LAST: _____
 DOB: _____
 GENDER: _____
 PHONE: _____

FIRST: _____
 AGE (on race day): _____
 T-Shirt Size (*circle one*) : S M L XL

Please sign the waiver statement below:

I, individually, (and/or as parent, and/or guardian of the named minor) for and in consideration of acceptance of this entry in the aforementioned event, do hereby release, remise, waive, and forever discharge Miles Of Smiles and any and all other supporting groups of this said racing event, together with all their officers, agents, officials, and employees, from any and all liability, claims, demands, actions, or causes of action whatsoever arising out of, or relating to any injury, illness, loss, or damage, including death, relating to participation in the aforesaid event. I further state I am in proper physical condition to participate in this event.

Signature: _____

Date: _____