



## Finley's Fighters Race for Sight

Date of event: June 7, 2015

35 Shaker Lane  
Littleton, MA 01460

**Races:** 5K walk/run, 1 mile fun run

### **Times**

**12pm** – registration begins

**1pm** – 1 mile fun run

**1:30pm** – 5K run/walk begin

**1:30pm** – Dessert and fruit bar and family activities start

**3:00pm** – basket raffle drawn

**3:30pm** – event officially ends

Event is **RAIN** or **SHINE**.

**Fees: Pre-register:** (up to 1 week before the event) \$25/person or \$70/family (3 people or more) – participation in the race (either of them), a shirt, goody bag, personalized braille bookmark, bag check and food.  
**1 week prior to the event and Day of Event:** \$30/person or \$80/family (3 people or more) – participation in the race (any of them), a shirt, goody bag, bag check and food.

We are offering a virtual race this year. If you would like to learn more – please read about it on our website ([www.finleyfighters.com](http://www.finleyfighters.com)). You can register for that below.

**Activities:** bounce house, basket raffle, lunch, hair feathers, face painting, music, and more!

To get more information on the race, please visit.

You can print out a form and mail it in or register online with your credit card.

*Finley Pletcher is the 8 year old daughter of Jennifer and Mathew Pletcher who live in Littleton, MA. Finley has been diagnosed with a rare eye condition called Lebers Congenital Amaurosis RDH12. This condition will cause her to go completely blind by the time she is a teenager. Currently there is no cure. Her family raises money for research that is being conducted to find a cure and keep her from going blind. All proceeds from this event will be for research to find a cure for Lebers Congenital Amaurosis RDH12.*

*RDH12 Fund for Sight is a 501(c)3 registered non-profit. All donations are tax deductible. All monies donated to the RDH12 Fund for Sight will be used to fund RDH12 research.*

## Registration Form

Please fill out completely and return it along with your payment (checks made payable to RDH12 Fund for Sight) to:

Jennifer Pletcher  
2 Apple Ridge Lane  
Littleton, MA 01460

**ONE REGISTRATION FORM PER IMMEDIATE FAMILY. PLEASE UNDERSTAND THAT YOU CAN ONLY SIGN UP ON THIS FORM. AS A FAMILY IF CHILDREN ARE LIVING WITH YOU AND ARE UNDER THE AGE OF 18. IF CHILD IS OVER 18, THEY NEED THEIR OWN FORM AND SEPARATE REGISTRATION.**

Please make sure you put EVERYONE's NAME and AGE on this form. Also please sign the bottom of this form and mail in with your payment.

Name(s): \_\_\_\_\_ AGE(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email: \_\_\_\_\_

T-shirt size (for each person):

Child: 2/4(XS) \_\_\_\_\_ 6/8(S) \_\_\_\_\_ 10/12(M) \_\_\_\_\_ 14/16(L) \_\_\_\_\_

Adult: S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_ XXL \_\_\_\_\_ XXXL (please add \$5 to your reg. for this size) \_\_\_\_\_

Event (please write who is running/walking what):

5K walk or run \_\_\_\_\_

1 mile fun run \_\_\_\_\_

Spirit Runner \_\_\_\_\_ (\$18/person or \$55/family)

Virtual Racer (shirt and medal) \_\_\_\_\_ (\$20/person)

Virtual Racer (medal only) \_\_\_\_\_ (\$15/person)

Race only (no shirt/lunch) \_\_\_\_\_ (\$10/person)

Lunch Only \_\_\_\_\_ (\$5/person)

Children under 3 \_\_\_\_\_ (FREE, but no shirt)

Shirt only: \_\_\_\_\_ (\$10/person)

I am unable to attend, but I would like to make a donation: \_\_\_\_\_

If you want to purchase Basket Raffle Tickets ahead of time so that they will be in your race packet when you arrive – you can do so on this form.

Basket Raffle Tickets (\$2/ticket, \$10/6 tickets, \$20/25 tickets) \_\_\_\_\_

Basket Raffle #2 Tickets (\$5/ ticket, \$40/10 tickets) \_\_\_\_\_

*In consideration of my entry being accepted, I hereby for myself, my heirs, executors, successors, and assigns, waive, release, and discharge any and all right for damage or liability of any kind relating to or arising out of my participation in this event, even though that liability may arise out of negligence or carelessness on the part of the entities or persons named in this waiver and release. I attest that I am physically fit to participate, my condition has been verified by a licensed medical doctor and I assume entry into this event at my own risk. I have read the above conditions and accept them and understand that I am entering at my own risk.*

Date \_\_\_\_\_ Signature: \_\_\_\_\_ (Parents must sign for children under 18)