

Place
Your
Stamp
Here

ABOUT ARC OF ONONDAGA

Arc of Onondaga is the largest provider of services to people with developmental disabilities and their families in Onondaga County. Arc currently serves over 3,000 people and their family members in a variety of programs at 36 locations. It is the mission of Arc of Onondaga to assist individuals with developmental disabilities to achieve their fullest potential. To this end, Arc has provided individualized services, advocacy and family support since 1951.

Visit our website at www.arcon.org to learn more.

Presenting Sponsor



Major Sponsors




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Contact the Arc Development Office at 315.476.7441 or visit www.arcon.org to find out how you can become an Arc Race sponsor!

Media Sponsors








Arc of Onondaga Foundation
Arc Race 2007 Registration
600 South Wilbur Avenue
Syracuse NY 13204

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600 South Wilbur Avenue
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Presented by




13th Annual arc race 2007

5k • Half Marathon • 3k Family Fun Walk



Saturday, September 8th, 2007
Long Branch Park, Liverpool



Register online at www.arcon.org

Tape here. Do not staple.

Get ready!

Show your support for individuals with developmental disabilities



Arc Race 2007 has entertainment for the whole family and *three* race events! Arc Race is a great opportunity for everyone to support programs for individuals with developmental disabilities right here in our community.

THREE EVENTS TO CHOOSE FROM

Choose to race in the certified 5k run, the certified Half-Marathon, or walk in the non-competitive 3k Family Fun Walk. No matter how you choose to participate, your support goes a long way to ensure continued programs here in our community.

FAMILY FUN AREA & ENTERTAINMENT

Arc Race has a family fun area with hot air balloon rides, a petting zoo, playground, facepainting, cartoon characters, giveaways, music, free food and more! Bring the whole family to Arc Race!

PRIZES

Top performers in each event, and within their gender and age categories, will receive an Arc Race medal and a prize. The overall winner of both the 5k and the Half-Marathon will each receive an exciting prize package.

WHEELCHAIR/ASSISTIVE DEVICE DIVISION

New competitive category for both the 5k and Half Marathon events. Just check the box on your registration form to participate!

Get set...

TEAMING UP FOR ARC

Ask friends, co-workers and family members to join you and start your own team! Local organizations and companies are welcome to participate as teams, too. There's even a prize for the captain of the largest team, so start passing out Arc Race flyers!

GET MORE INFO ON THE WEB...

Check out our website at www.arcon.org to register, volunteer, or get additional information on the course, the family fun area, past race results and more.

Race Day 2007

September 8, 2007

Long Branch Park, Liverpool

PRE-RACE PACKET PICKUP: SEPTEMBER 7TH

You can pick up your race packet and timing chip from noon to 6PM at FleetFeet, 3453 Erie Blvd. in DeWitt, on September 7th.

PARKING

Parking will be available nearby. Follow signs on John Glenn Blvd. Shuttles will bring you to Long Branch Park.

REGISTRATION: 7:00AM - 8:30AM

Head to the pre-registration tent to pick up your ChampionChip timing chip and race packet, or go to the Race Day Registration tent to sign-up on the day of the event.

HALF-MARATHON START TIME: 9:00AM

5K START TIME: 9:10AM

FAMILY FUN WALK START TIME: 9:10AM

COURSE CLOSURES: 12:45PM

Arc Race 2007 Registration



Please print your information and mail or fax back. Use a *separate form* for each participant. Call, email, or write Arc for additional applications, or for added convenience register online at www.arcon.org

Name: _____

Company & Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Gender: F M Age on race day: _____

Age and gender are required to accurately place each participant in appropriate category for placement and prizes

Participating in wheelchair/assistive device category? Yes No
Available for 5k and Half Marathon. Additional information will be mailed.

My employer has a matching gifts program: Yes No

If yes, employer name: _____

Team Information *(if participating on a team, please complete)*

Team Name: _____

Team Captain: _____

Team Type: Friends/Family Corporate
 Club/Organization School Religious
 Other: _____

I would like to be mailed a Team Captain's packet

T-shirt Size: Youth: Youth Sm Youth Lg
Adult: S M L XL XXL
You will receive a free Arc Race t-shirt available in the above sizes.

Event *(required)*

- 5k (\$20) Half-Marathon (\$25)
- Family Fun Walk (\$10) None (to volunteer or donate)

These are discounted pre-registration fees valid until August 31st. Add \$3 for late registrations. Add \$5 to register on race day.

Volunteering

- I am participating in the Race and would like to volunteer before or after my event.
- I am **not** participating and would like to volunteer.
- A friend or family member may wish to volunteer, please send me more information.

Donations & Pledges

- I am not able to participate this year, but wish to donate.
- I would like to make an additional donation to Arc.
- Send me information on collecting pledges to support Arc.

Enclosed is my additional donation of: _____

Payment Information

Check: Enclosed is my check payable to *Arc of Onondaga Foundation*

Credit Card: Visa MasterCard
 American Express Discover

Credit Card Number: _____

Expiration Date: _____

Cardholder Signature: _____

Please Read and Sign *(required)*

I agree to hold harmless Arc of Onondaga (Onondaga County Chapter of NYSARC, Inc.), the Arc of Onondaga Foundation, the Arc Race committee, employees, volunteers, sponsors, Syracuse Track Club and Onondaga County from all cost and liability arising out of my participation. I hereby waive all my claims for damage or loss to my person or property which may be caused directly or indirectly from my participation and hereby assume liability for any loss, damage or other liability from Arc Race 2007. I give my permission for medical release should I be involved in any accident or health-damaging situation or should I require a form of medical treatment. I hereby attest that I am in proper health and physical condition to participate. I hereby grant full permission to use my name, results and any photographs, videotapes, recordings or any other record of this event for promotional purposes. I have read the above release and agree to the terms.

Participant Signature: *(signature of parent/guardian if a minor)*

Check here to **decline** a complimentary Arc of Onondaga membership. Membership in Arc increases our voice within our state legislature and NYSARC, and is free to you. Check this box *only* if you wish to *decline* your free membership status.