



# SMASH THE BUTT 5K RUN/WALK

This Race Raises Awareness and Funds for  
Millersville University Tobacco Prevention and Cessation Efforts

**Saturday, September 26<sup>th</sup> at 9:00 A.M.**

**Where:** Millersville University, start at Pucillo Gymnasium

**Entry Fee:**

- Pre-Registration: (postmarked by 9-16-09. Non-refundable)  
\$12 includes t-shirt, \$10 Group/Team Rate (10 or more people).
- Race Day Registration: \$15 on Race Day. T-shirts are not guaranteed after the registration deadline has passed. T-shirts will be distributed on a first come first served basis on race day for everyone who did not pre-register.

**On-Site Registration on Race Day is from 8:00 A.M. through 8:45 A.M.**

## \$100 Cash Award For the Top Male and Female Finishers

Awards will be given to the top finishers in each age category

**Age Categories:** Male: 12-15, 16-20, 21-25, 26-45, 46 and Over  
Female: 12-15, 16-20, 21-25, 26-45, 46 and Over

\*Ample parking at Pucillo Gymnasium and adjacent parking garage. Signs will be posted.

\*Additional entry forms available at the Wellness Center in the Montour House and the SMC Fitness Center

**Please make checks payable to and postmarked by September 16<sup>th</sup> to:**

**Students Working Against Tobacco**

Millersville University

PO Box 1002

Millersville, PA 17551

Montour House

Phone Number: 717-871-2314

Sponsored by: MU Students Working Against Tobacco

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### ENTRY FORM

(Please Print)

Name: \_\_\_\_\_  
Last First

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

Street

\_\_\_\_\_

City

St

Zip

Phone: ( ) \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_

**Check one of the following:**

Pre-Registration:

\$12 \_\_\_\_\_ With T-Shirt Size: \_\_\_\_\_

\$10 \_\_\_\_\_ Group/Team Rate With T-Shirt Sizes: \_\_\_\_\_

Group Name: \_\_\_\_\_

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

In consideration of my participation of the Smash the Butt 5K, I hereby for myself, my administrators, heirs and assigns issue and release all claims for damages against the organizers of this event. I further state that I am in proper physical condition to participate in this event.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guardian Signature If Under 18 Years Old

**\*\*\*PLEASE FILL OUT AND RETURN TO MONTOUR HOUSE, PO Box 1002, MILLERSVILLE, PA 17551\*\*\***