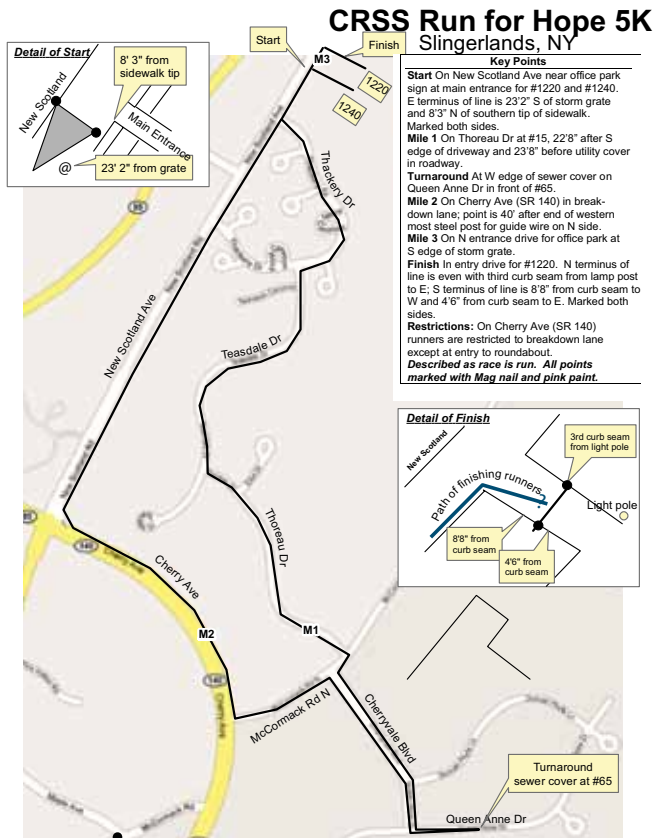


Register Online:

www.raceforhopealbany.com

For paper entry, please complete this form and mail to:

Capital Region Special Surgery
Race for Hope 2016
1220 New Scotland Road, Suite 204
Slingerlands, NY 12159



Where Do The Dollars Go?

Since 2009, the Capital Region Special Surgery Race for Hope 5Ks have raised OVER \$200,000 of which every dollar has been allocated to fundraising, since all overhead costs are underwritten by Capital Region Special Surgery.

Thus far, funds have been awarded to the following:

- Ronald McDonald House Charities of the Capital Region, Inc.
- C.R. Wood Cancer Center at Glens Falls Hospital
- Ellis Hospital Foundation, Inc.
- Saratoga Hospital-Mobile Wlomot Radiation Oncology Center
- Patient services at St. Peter's Cancer Care Center.

Funds awarded may include assistance with the following: medication co-pays, nutritional supplements, enteral feeding products, grocery and gas gift cards for general expenses that are posing a hardship for patients and their families, and larger one-time expenses related to patients' cancer diagnoses, such as outside physician/dental expenses, respite care, and/or patient-specific equipment.

This event is dedicated to the inspiring and courageous Susan Britain and her family.

Questions

Call 518-439-4326 x 465, or email jsokolewicz@capitalregionspecialsurgery.com



Saturday at 10am
September 24, 2016



A 5K Run/Walk
for those in the
Capital Region
living with
brain, head and
neck cancers.

About Our Fund



RACE for HOPE



The major goal of the Capital Region Special Surgery (CRSS) Race for Hope Fund at the Community Foundation for the

Greater Capital Region (CFGCR) is to make grants to not-for-profit

organizations & programs, within the Capital Region's 12 counties, serving uninsured and underinsured patients who are experiencing a financial hardship related to a brain, head, or neck cancer diagnosis in the Capital Region.

About Capital Region Special Surgery

www.capitalregionspecialsurgery.com

Capital Region Special Surgery is a multidisciplinary, patient-centered medical group comprising the following Capital Region practices: **Neurosurgery, Ear, Nose and Throat, Ear Institute, Neurology, Pain Management, Sleep Wake, Physical Therapy, and Diagnostic Imaging**. The diverse needs of the people we help are matched by full range of services offered, under one roof, at our facility.

Register, Donate, Fundraise:

www.raceforhopealbany.com

By mail

CRSS Race for Hope 2016
1220 New Scotland Road, Suite 204
Slingerlands, NY 12159

Entry Fees:

By August 31, 2016: \$30.00
August 31-September 23, 2016: \$35.00
Children 12 and under: \$15.00
Teams of 10 or more: \$20.00 per person
DAY OF RACE Registration: \$40.00
Mail-in registration ends
Monday, Sept. 21, 2016 at 4pm

Online registration ends
Monday, Sept. 19, 2016 at midnight
****No dogs or other pets allowed****

Packet Pick Up:

Sept. 19-24th, 2016, 9am-4pm at:

Capital Region Special Surgery
1220 New Scotland Road Suite 204
Slingerlands, New York, 12159

Capital Region Special Surgery Race for Hope Fund is a component fund of The Community Foundation for the Greater Capital Region. A copy of The Community Foundation for the Greater Capital Region's latest annual report may be obtained, on request, by contacting the Community Foundation, Six Tower Place, Albany NY 12203 or from the New York State Attorney General's Charities Bureau, 120 Broadway, 3rd Floor, New York, NY 10271

Official Entry Form - CRSS Race for Hope

Saturday, September 24, 2016 10 am

ALL ENTRY FEES ARE NON-REFUNDABLE

Checks payable to: CRSS Race for Hope @ CFGCR

Last Name

First Name

Address

City, State, Zip

DOB (Required) ____/____/____ Sex (Circle one) M F

Age: _____

Email or Phone (one is required)

Are you part of a team? Tell us your team name.

DISCLAIMER In consideration of the acceptance of my entry, I, on behalf of myself, my heirs, executors, administrators, and assignees, hereby release myself and discharge Capital Region Neurosurgery LLC and its affiliated practices, Community Foundation for the Capital Region, The State of New York, the City of Bethlehem, the County of Albany, the USA Track and Field as well as other sponsors or beneficiaries and their representatives, that I am physically fit and that the medical support will be volunteer medical personnel who will be prepared to administer first aid assistance only. I hereby certify that I have read all the terms and conditions of this release and intend to be legally bound thereby.

Signature

Parent or Legal Guardian Signature if under 18

Date