

**Remember Kelly, Inc.
Presents**

**4th Annual
Kelly Guffey
Race to Remember
5k**



**Saturday
March 20, 2010
8:00 am**

www.rememberkelly.org

Remember Kelly, Inc.
306 Magnolia Breeze Court
Apex, NC 27502

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www.rememberkelly.org
E-mail: candrforione@aol.com

*“Life is precious and dear, always
keep fighting and always keep
smiling and never give up hope.”*

Kelly Diane Guffey
April 2005

Race Day Schedule

Packet Pick up	7:00am
5k Run/Walk	8:00am
Kids Fun Run	9:00am
Awards:	9:30am

Location:

Events start and finish at First United Methodist Church, Dallas, 301 West Main Street, Dallas, NC 28034.

Timing:

Queen City Timing using ChampionChip technology. All participants will receive a "chip time" and be eligible for awards. There is a \$30 replacement fee for unreturned chips.

Course:

USATF Certified.

Awards:

Top three males overall, top three females overall, and top three male and female finishers in the following age groups:

15 and under, 16-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, and 70 and over.

Additional Information:

Packet pickup will be available at the Community Fellowship Building at First United Methodist Church, 301 West Main Street, Dallas, on Friday, March 19 at 6:00 pm and on race day at 7:00 am. The race is managed by Remember Kelly, Inc. For further information, please contact Robin Forgiione at candrforgiione@aol.com



SANCTIONED EVENT

In memory of Kelly Guffey



Remember Kelly, Inc. is a non-profit organization established in 2006 in memory of Kelly Diane Guffey, a courageous young woman who, after being diagnosed with carcinoid cancer, entered Mercy School of Nursing in 2003. While undergoing extensive operations and exhausting treatments, Kelly successfully met her goal and received her licensure as a registered nurse in July 2005. She worked as a pediatric nurse for Carolinas Medical Center and after 3 short months of employment, Kelly died on January 11, 2006 at the age of 32.

The purpose of this race is to highlight and bring recognition to the Kelly Guffey Memorial Nursing Career Scholarship. Funds from this event will be used to award a \$1000 scholarship to a male or female graduate of North Gaston High School in Dallas, NC, who is pursuing a career in nursing. For more information on this scholarship and Remember Kelly, Inc., please visit www.rememberkelly.org

"To our beloved Kelly... daughter, sister, aunt... we race to remember you...and all that you embodied."

The family of Kelly Guffey

Kelly Guffey Race to Remember 2009 Entry Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: (____) _____

Email: _____

DOB: _____ Age on Race Day: _____ M F

Entry Fee (choose one):

5K Run/Walk \$20 (will receive t-shirt) _____

Kid's Fun Run Free (will receive ribbon) _____

Adult T-Shirt Size XS S M L XL XXL

Online Registration at www.queencitytiming.com

T-Shirts guaranteed if registered before March 12, 2010

Make checks payable to Remember Kelly, Inc. and mail to:

Remember Kelly, Inc.
306 Magnolia Breeze Court
Apex, NC 27502

Total Enclosed \$ _____

Waiver

I know that running a road race is a potentially hazardous activity and I should not enter and run unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with participating in the Kelly Guffey Race to Remember 5k on March 20, 2010, including, but not limited to falls, contacts with other participants, and effects of the weather. Having read this release and knowing these facts and in consideration of your accepting my entry, I and anyone entitled to act on my behalf or on behalf of my estate, waive and release Remember Kelly, Inc., Queen City Timing, Town of Dallas, Dallas Police Department, Dallas Fire and Rescue, Dallas First United Methodist Church, all sponsors of the race, including USATF, and any other persons assisting with the race, from all liabilities of any kind arising out of my participating in the race even though the liability may arise out of negligence or carelessness on the part of the persons referred to in this waiver. I also grant permission for the use of any photographs, motion pictures, recordings, or any other record of my participating in this event for any legitimate purpose. I understand that if the race is cancelled because of circumstances beyond the control of the race committee and sponsors, including, but not limited to, unsafe weather conditions or governmental ban, my entry fee will not be refunded.

Signature: _____ Date: _____

Parent Signature if under 18: _____