

Annual PB DIALYSIS 5K Trail Run

Proceeds benefit kidney failure patients on dialysis

SUNDAY, NOVEMBER 26
MOHEGAN PARK—NORWICH, CT
10:00 AM

PRE-REGISTER BY 11/23/2017 and save \$5.00
Race Timed and Posted

Entry fees:

- \$25.00 for pre-registered participants
- \$30.00 on-site registration
- \$10.00 under 13



Overall 1st Place
Women's 1st Place
Men's 1st Place
Children's 1st Place
Age Categories 1st Place
T-shirts for registered participants

Directions

Take I-395 North to Exit 13A or I-395 South to Exit 13 (the Route 2/32 Norwich exit). At the end of the Route 2/32 connector (Backus Hospital is on your right), continue straight through the traffic light to Route 169 (Harland Road). Take a right turn at the first traffic light on to Ox Hill Road (there will be a sign for Mohegan Park). Then turn right onto Mahan Drive - another Mohegan Park sign; you will pass Kelly Middle School. Just before the stop sign, take a left onto John Edwards Drive and follow to the end. At the intersection of John Edwards Drive and Wilderness Road, turn right onto Wilderness Road. At the stop sign, turn left onto Mohegan Park Road. Go straight and park in the Park Center Lot (it's a one-way roundabout). The event area is at the old concession stand. The starting point for the race is where the trail begins.

Route Information

Route will be a trail run through the park on the red, green, and yellow trails. Cones will mark the trail.

Annual Fundraiser of

**Carlisle-Williams
Foundation**

ESRD PATIENT SUPPORT

**For more information and to register, complete the form below or VISIT
www.carlisle-williams-foundation.org and click on Events | Dialysis 5K**

Mail form and entry fee to:

The Carlisle-Williams Foundation
A 501c3 Public Charity
16 Lexington Avenue
Norwich, CT 06360

Make copies as needed

Voice: 860 204 0712
E: JanieC@esrd-patient-support.org

Name _____

Address _____

Phone _____

T-shirt Size: S M L XL

Gender _____ Age on race day _____

Your required signature below removes the Carlisle-Williams Foundation Inc and the City of Norwich from any and all liability if you

of Participants @ \$10.00 _____ # of Participants @ \$25.00 _____

Total Enclosed \$ _____ Check Enclosed _____

CC # _____

Exp: ____/____/____

Signature _____ Date _____