



Event Information

October 17: Day of Spirit 5K. Late registrations and pledge money will be accepted up to and including the day of the Spirit 5K.

Our Address

Pledge forms and checks may be mailed to: Spirit 5K, Medical Needs Foundation, P.O. Box 303, Mountain Lakes, NJ 07046.

Course Route

START in the parking lot of St. Catherine's Church, at Pocono Road and Boulevard, Mountain Lakes, New Jersey.

Further Information

Call: Allyson Bakewell, 973/402-5611 or
Lisa Walsh, 973/402-0840

Course Rules

Walking, running and use of strollers are the sole means of participation. Please leave rollerblades, wagons, skateboards and bikes at home. For your safety, follow the instructions of police officers and crossing guards. Use the Boulevard path only. On other streets, run or walk facing traffic. Use sidewalks where present.

Parking

Please carpool, as parking is very limited. (St. Catherine's on Boulevard and N. Pocono; across the street at Borough Hall; Lakeland Cardiology and PNC Bank on Boulevard near Rte. 46.)

Special Recognition Given for Most Money Raised

Will be awarded to participants who raise and submit the most pledge money before October 17.

RIGHT on Pocono. LEFT on Crane. RIGHT on Morris. LEFT on Lake. RIGHT on Dartmouth. LEFT on Briarcliff. LEFT on Larchdell. RIGHT on Lake. CROSS Boulevard. LEFT onto Boulevard path. RIGHT on N. Crane. LEFT on East Shore. CROSS N. Pocono and into St. Catherine's Church parking lot to finish line. Emergency medical aid will be located at the finish and medical crews will be on hand throughout.

Schedule of Events

1:30 Registration and check-in
2:30 Opening dedication and announcements
2:50 Warm-up
3:00 Runners start
3:10 Walkers start
4:15 Awards ceremony, refreshments, entertainment

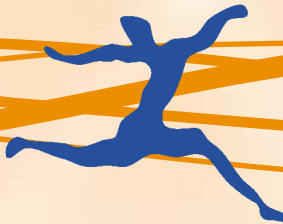
Return by October 1

This brochure has been designed by R&J Group and printed compliments of Plains Printers, Inc., East Hanover, NJ.



SPIRIT Run or Walk

Sunday, October 17, 2004
Rain or Shine
Race starts at 3:00 pm



Sponsored by the
Medical Needs Foundation
USATF-NJ Sanctioned



Nonprofit Organization
U.S. Postage
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Mountain Lakes, NJ
Permit No. 326

Medical Needs Foundation



The *Medical Needs Foundation* (MNF), a 501(c)(3) non-profit organization, assists families and individuals who face overwhelming expenses

due to a debilitating health condition. The signature event of the Medical Needs Foundation is the **Spirit 5K**. This year again, the **Spirit 5K** offers you the opportunity to reach out to families facing formidable challenges due to illness, disease and other health conditions.

SPIRIT 5K

Neighbors helping neighbors in need

October 17, 2004 • Race starts 3:00 pm

The real competition in this event is not for speed but for money raised. Special recognition will be given to the participants who raise the most money. A team is a group of individuals who join together to raise money for the **MNF**. If you would like to captain or join a pledge team, contact Allyson Bakewell, 973/402-5611 or Lisa Walsh, 973/402-0840.

Please help us reach our goal of \$150,000 by inviting a friend to register with you!

REGISTRATION

Name _____ Team Captain (if applicable) _____
 Address _____ City _____ State _____ Zip _____
 Phone (H) _____ Phone (W) _____
 My fundraising goal is: \$ _____

MNF Board of Trustees & Advisory Board

The Board of Trustees and The Advisory Board of the Medical Needs Foundation wish to express their gratitude for your generous support of the Spirit 5K.

Board of Trustees

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|---------------------------|-------------------------------|
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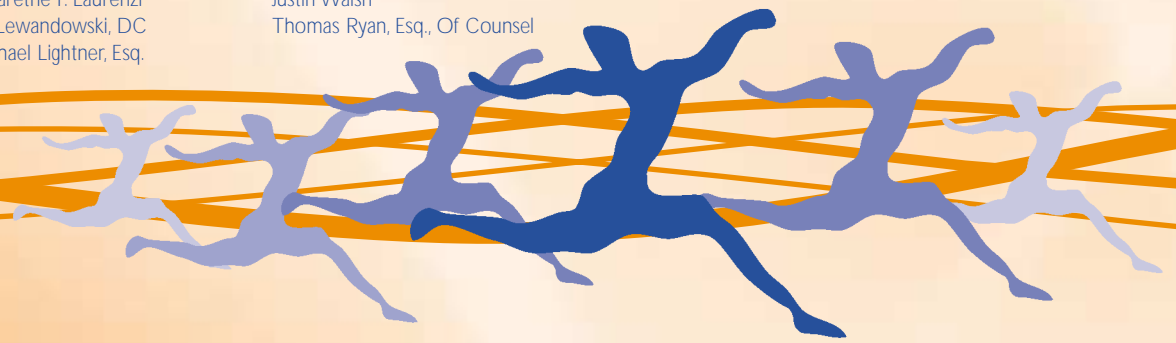
Registration Form

October 17, 2004 • Race starts 3:00 pm

Name _____
 Team captain (if applicable) _____
 Child/Student/Senior _____ Adult _____
 Mailing Address _____

 Phone _____
 E-mail _____

Enclosed is my registration payment of:
 \$75 individual
 \$150 family
 \$25 student/child/senior



PLEDGE FORM

Registration Fee • Student/Senior \$25 • Adult \$75 • Family \$150

Donor	Address / Phone	\$ amount	rec'd	MC/VISA#	exp.date
<i>My own sponsorship</i>			✓	#	exp. / /
				#	exp. / /
				#	exp. / /
				#	exp. / /
				#	exp. / /
				#	exp. / /
				#	exp. / /

Total pledged: \$ _____
 Enclosed are pledge payments totaling: \$ _____

The **Spirit 5K** is held first and foremost to honor the courage shown by those battling serious illness. However, it also reflects the dedication and compassion shown by the participants, volunteers, benefactors and sponsors who are ready to donate their time, money and effort to help their neighbors in need. Thanks to all who participate and donate, the Medical Needs Foundation will continue to make a difference in the lives of its many beneficiaries.

To honor your commitment to the **Spirit 5K**, the Medical Needs Foundation will distribute at least 90% of all funds raised to the race beneficiaries.

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| <ul style="list-style-type: none"> • Please make checks payable to: Medical Needs Foundation, P.O. Box 303, Mountain Lakes, NJ 07046. Do not mail cash. • Make a copy of your pledge form for your records, and if you wish, for your sponsors. • Remember to ask about your employer's Matching Gift Program. | <ul style="list-style-type: none"> • Donations can be made through United Way by writing a check to United Way and marking it <i>for the benefit of MNF</i>, with address, or by specifying MNF in your United Way pledge. Please note any United Way commitments on the Spirit 5K pledge form above. • All pledge payments are tax deductible: Tax ID #22-3599504 |
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- | | |
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My fundraising goal is \$ _____. I will submit the balance of my pledge payments by or on the day of the **Spirit 5K**.
 I am unable to participate, but please accept my donation of _____. MC/VISA # _____ Exp. date _____

WAIVER MUST BE SIGNED BEFORE MAILING

I hereby waive all claims against the Medical Needs Foundation, the Borough of Mountain Lakes and its agencies, St. Catherine's Church, race sponsors or any personnel for any injury I might suffer in this event. I grant full permission for organizers to use photographs or other media recordings of me in legitimate accounts and promotions of this event.

Signed _____ Date _____
 (by parents, if under 18)

Incomplete or illegible forms cannot be processed. Sorry, no refunds or transfers.

Please detach and register by October 1