

**\* OUR GOAL** is to raise money for Pancreatic Cancer Research in Steve's memory. PanCan is a 501(c) national nonprofit advocacy organization that works to focus attention on the need to find a cure. PanCan embraces the urgent need for more research, effective treatments, prevention programs and early detection methods.

**VIRTUAL RUNNER:** Can't make the race or walk? Become a virtual runner by contributing \$25.00 and a race tee shirt will be mailed to you.

**PLEDGES** Help bring awareness to your community. Please use this application to pledge any amount you desire.

**DONATION CHECKS** - Should be made payable to **PanCan** to qualify as charitable donations.

**RACE ENTRY CHECKS** - should be made payable to:

**TRAILS TO A CURE**

For more information please contact:

Brenda Hancock @ 860-887-2062

Laurie Tomlinson @ 860-526-2240

Pete Volkmar @ 860-437-7247

**DIRECTIONS:**

RT I-91 or I-95 to RT-9, Exit 6, Follow the signs to Cockaponsett State Forest or Trail Race

**AWARDS** in the following age groups (Male and Female)18-29, 30-39, 40-49, 50-59, 60-69, Over 69

**THIS 8-MILE TRAIL RACE  
HAS NUMEROUS ROOTS, ROCKS,  
SEVERAL WATER CROSSINGS,  
AND AN OPTIONAL SWIM  
ACROSS A SMALL COVE  
OR A RUN THROUGH  
A MUD FLAT NEAR  
THE END**

**IN MEMORY OF STEVE HANCOCK**

**September 19,  
2010  
Cockaponsett  
State Forest  
Chester, CT**

BENEFITTING  
**Pancreatic  
Cancer  
Research**

Mail completed application with check to: **TRAILS TO A CURE**

\$20.00 By 9/4/2010 - \$25.00 After

Make checks payable to:  
**TRAILS TO A CURE**

**174 PLANT ST  
NEW LONDON CT 06320**

**Tee Shirt**  
(Circle your size)

**M L  
XL XXL**

Please select an event or donation

**8-Mile Trail Race**

**3-Mile Walk**

**\$25.00 Virtual Runner (Tee Shirt Shipped to You)**

**Friend of Steve/PanCan - Donation**

**NAME:**

**AGE:**

**ADDRESS:**

**SEX:**

**CITY:**

**ST:**

**ZIP:**

**EMAIL:**

**PHONE:**

Waiver: I hereby waive and release any and all claims for injuries and damages for myself and all listed dependants against PANCREATIC CANCER NETWORK (PanCan), event sponsors, venue management, and all personnel for any injury I or listed dependants might suffer during or as a result of this event. I attest that I and all listed dependants, are physically fit and prepared for this event. I grant full permission for organizers to use photographs and/or videos of myself and all listed dependants and/or quotations of myself and all listed dependants, for legitimated accounts of this event and promotion of PanCan. PanCan is not responsible for any items lost or stolen at any time before or after the event. I understand that I am fully responsible for all listed dependants for the duration of the event and must accompany them at all times. I also agree that my entry fees, once paid, are non-refundable.

I have read and agree to the terms of the waiver on this form.

Signature \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent if participant is under 18-years)