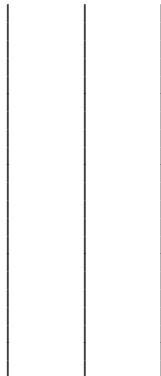




CONNOR LAFRANCE MEMORIAL FOUNDATION
P.O. BOX 3
SARATOGA SPRINGS, NY 12866



Second Annual
TOUR “LAFRANCE”
5K FAMILY FUN RUN/WALK
1 MILE KIDS RUN
in loving memory of
CONNOR “Ginger” LAFRANCE



“Hold it wide open”

Sunday, September 20th
Event Begins 11:00 am
Registration 8:00-10:30 am
1 Mile Fun Run (13 & under) Following 5K

Orenda Pavilion
Saratoga Spa State Park, Route 9
Saratoga Springs, NY
Park in the SPAC Parking lot

Pre-Registered packet pick-up
Saturday, Sept. 19th - 9am- 1pm
197 Grand Avenue, Saratoga Springs

Food & Entertainment by
Giffy’s BBQ & Stray Dogs
www.ConnorLaFrance.org

ABOUT CONNOR....

"Hold it Wide Open" was Connor's memorable quote. This mantra can be applied to all aspects of life! Connor always had an adventurous spirit and was a talented athlete who loved to compete. Connors passion was motorcycle racing, and he crashed his motorcycle on September 21, 2007, while he was practicing for an upcoming test with the Red Bull Rookies Cup. He is greatly missed, but rather than focus on how he died, we want to focus on how he lived. This 14 year old was daring, brave, compassionate, and full of life! He lived every day with this spirit and he has taught us to do the same.

This is how we wish to honor him!...
Hold it Wide Open!....ABCDE

The CONNOR LAFRANCE MEMORIAL FOUNDATION

helps young athletes in need achieve their goals of competing at the national or international level. The foundation also supports one senior who best exemplifies Connor's passion to compete and is dedicated to competing after graduation.

**For more information visit
www.ConnorLaFrance.org
or email CTL767@hotmail.com**



Cut and send to P.O. Box 3, Saratoga Springs, NY

REGISTRATION FORM

Also available to print out online at
www.ConnorLaFrance.org

ENTRY FEES:

Pre-Registration (Due by 8/21/09)
T-Shirts not guaranteed after 8/21/09
\$25.00 Individual / \$75.00 per Family

Day of Race Registration
\$30.00 Individual / \$80.00 per Family

ENTRANTS RELEASE

Waiver Statement: Entry invalid if not signed. In consideration of the acceptance of this registration entry, I the undersigned assume full and complete responsibility for any injury or accident, which may occur during my participation in the event or while I am on the event premises. I hereby release and hold harmless "The Connor LaFrance Scholarship Fund"/ Tour "LaFrance", the sponsors, promoters and all other persons and entities associated with the event, their agents or employees, or otherwise. I will not enter and participate unless medically and properly trained. I assume the risk associated with this event, including but not limited to falls, contact with participants, alcohol consumption, the effects of weather including high heat and/or humidity, and the conditions of the road, all such risks being known and appreciated by me. I further grant my permission to use any photographs, videotape, motion pictures, recordings, or any other record of this event. Fees are non-refundable. I have read the forgoing and certify my agreement by this signature, and my parent's/guardian's if under 18.

Entrant's signature
(if under 18 years old, parent or legal guardian must sign)

THANK YOU FOR YOUR SUPPORT!!!

One application per person

(For FAMILY registration please send ALL in one envelope.)

Name: _____

Age: _____

Address: _____

Phone: _____

Email: _____

Adult T-shirt Size: _____

S _____ M _____ L _____ XL _____

Child T-shirt Size: _____

S(6-8) _____ M(10-12) _____

Giffy BBQ Lunch (after 5K) Please check:

_____ \$10.00 Chicken Meal

_____ \$5.00 Hot Dog Meal

Make Checks payable to:

Connor LaFrance Memorial Foundation

Meal & Registration = Amount Enclosed \$ _____

I can not attend but would like to make a donation to the
Connor LaFrance Memorial Foundation

Enclosed is my gift of \$ _____

Send to P.O.Box 3, Saratoga Springs, NY 12866
(Address on Reverse)