

# 14th Annual Coastal Women's Classic 5K Run and 3K Walk

Presented by the Ronald McDonald House Charities New England



**A celebration of women, our health, and all that we do! Open to women of all ages and abilities, from the slowest walkers to the fastest runners – all are welcome!**

**When:** **October 9, 2022, 10:00 am**  
*Women Only* 5K Run and 3K Walk  
Women's Wellness Fair from 9 am – 12:00

**Where:** Certified, *flat and fast* 5K (3.1 miles) and 3K (1.8 miles) courses from the Brown University Stadium, through the scenic and historic East Side of Providence

Registration opens at 8 am at 400 Elmgrove Ave., Providence, RI 02906  
\$30 before Sept. 24, \$32 Sept. 24 - Oct. 6, \$35 after Oct. 6 (in-person only)  
\$10 for elementary, high school and college students

**Team Competition:** Team to consist of 3 or more women. Cash to top 3 teams.  
*High school teams not eligible for team awards.*

**Awards:** Cash and/or merchandise to **top 5 overall 5K finishers** and to 1<sup>st</sup> 5 in each age group. See website for more details, <http://rmhprovidenceclassic.org/> *All entrants eligible for raffle prizes.*

*Proceeds from this race will go to support the Ronald McDonald House, a home-away-from-home for families of hospitalized children.*

**Need more info? Visit us @** <http://rmhprovidenceclassic.org>

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## 14<sup>th</sup> Annual RMHCNE 5k Women's Classic

Mail form to: RMHCNE Women's Classic, 45 Gay St., Providence, RI 02905. Check payable to: RMHCNE

Name \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Team Name: (if applicable): \_\_\_\_\_ Emergency Contact \_\_\_\_\_  
T-shirt size: S M L X

E-mail \_\_\_\_\_ Please circle one: **5K Run**      **3K Walk**

**I would like to make an additional donation to the Ronald McDonald House \$ \_\_\_\_\_**

**Waiver and Release:** I hereby for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for damages I may have against the Ronald McDonald House Charities of New England and any member, coordinating group and any individuals associated with the event. I attest that I am physically fit to compete in the event. I attest that I am up to date with my COVID-19 vaccines. Further, I hereby grant full permission to any and all of the foregoing to use my photographs, video tapes, motion pictures, recording, or any other record of this event for any legitimate purpose.

\_\_\_\_\_  
Signature/signature of parent or guardian if under 18

\_\_\_\_\_  
Date