

THE DR. ERIC DUENO MEMORIAL 5K/10K RUN

Saturday, September 29, 2018 at 8:00 AM

Course will start on Cox Avenue, will continue through the Earl May Recreation Area and onto the beautiful Nature Trail. Registration/Package pickup will be at the Bill Reynolds Sports Complex 2 at 1350 Cox Avenue. Follow signs to parking lot past Humane Society on the right.

ENTRY INFO

PRE-REGISTRATION:

Adults: \$20.00

Youth (13 & under): \$15.00

*Race shirts guaranteed

No Shirt option: \$10.00

Pre-registration deadline: Sept. 22, 2018

RACE DAY REGISTRATION:

Adults: \$25.00 with shirt

Youth (13 & under): \$20.00 with shirt

*Race shirts NOT guaranteed on race day

No shirt option: \$15.00

RACE DAY

7:00am

Registration/Check-In

8:00am

Race Begins

AWARDS

- Overall Male and Female
- Overall Master Male and Female
- 1st, 2nd and 3rd place in the following age groups:
13 and under, 14-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70+

PROCEEDS OF THIS EVENT WILL PROVIDE A \$1,000 COLLEGE SCHOLARSHIP TO A 2019 GRADUATING BHS CROSS COUNTRY RUNNER

Name: _____ Phone: _____

Age: _____ Date of Birth: _____ Gender (circle one): Male Female

Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____

Shirt Size (please circle) YS YM YL AS AM AL AXL AXXL No Shirt

In consideration of your accepting this entry, I, the below signed, intending to be legally bound, for myself, my heirs, my executors and administrators, waive and release any and all rights and claims for damages I may have against the race, race officials, sponsors and their representatives, successors and assigns for any and all injuries suffered by me in said event. I attest that I will participate in this event as a footrace, that I am physically fit and sufficiently trained for the completion of this event. Furthermore, I hereby grant full permission to use my name and likeness, as well as any photographs and any record of this event in which I may appear for any legitimate purpose, including advertising and promotion.

Signature _____

Date _____

Parent/Guardian Signature (if under 18) _____

Please make check payable to:

Return this Form and Payment to:

Questions? Please email:

Dr. Eric Dueno Memorial Run

Suzanne Angell, 142 Riverview Road, Bainbridge, GA 39817

sangell@swgrc.org

Date Received: _____

Amount Paid: _____