

RUN OR WALK YOUR TAIL OFF 5K

SPONSORED BY MACOUPIN T.A.I.L.S. WITH PROCEEDS GOING FOR NEW ANIMAL SHELTER



**SEPTEMBER 25,2010 8:00 AM
MACOUPIN COUNTY FAIRGROUNDS
CARLINVILLE, IL (1 MILE NORTH ON IL ROUTE 4)
REGISTRATION BEGINS AT 7:00 A.M.**

ENTRY FEE : \$15 for 5K (\$12 if part of 5 person team) PRIOR TO SEPTEMBER 1ST. AFTER SEPTEMBER 1ST AND ON RACE DAY, THE FEE IS \$20 (\$16 IF PART OF 5 PERSON TEAM)
MAKE CHECKS PAYABLE TO MACOUPIN T.A.I.L.S AND MAIL TO
MARK HOPPING – 907 S. LOCUST ST. – CARLINVILLE, IL 62626

AWARDS : AWARDS WILL BE GIVEN TO THE TOP 2 MALE AND FEMALE FINISHERS OVERALL AS WELL AS THE TOP FINISHER (MALE & FEMALE) IN EACH OF THE FOLLOWING CATEGORIES :13 & UNDER, 14-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, AND 60 AND OVER. ALSO OVERALL MALE AND FEMALE AND TEAM CLOSEST TO PREDICTED TIME.

T-SHIRTS : THE FIRST 100 ENTRIES WILL RECEIVE A T-SHIRT AND A LIMITED NUMBER MAY BE AVAILABLE ON RACE DAY.

QUESTIONS : CALL MARK HOPPING 217-854-3709

NO HEADPHONES ALLOWED. NO ANIMALS ON COURSE, BUT WELCOME TO WATCH ON LEASHES!

PREDICTED 5K TIME (in minutes and seconds) _____

GROUP TEAM NAME (must be part of 5-person team to complete this line) _____

TEAM PREDICTED TIME (total of 5 in minutes and seconds) _____

NAME _____ AGE _____ BIRTHDATE ___/___/___ SEX M F

PHONE _____

ADDRESS _____

CITY/STATE/ZIP _____

CIRCLE (SHIRT-ADULT SIZE) S M L XL

IN CONSIDERATION OF YOUR ACCEPTING THIS ENTRY, I, THE UNDERSIGNED, INTENDING TO BE LEGALLY BOUND, HEREBY, FOR MYSELF, MY EXECUTORS, MY HEIRS AND ADMINISTRATORS, WAIVE AND RELEASE ANY AND ALL RIGHTS AND CLAIMS FOR ANY DAMAGES, LOSS, LIABILITIES, CLAIMS, DEMANDS, COSTS AND EXPENSES, WHICH I MAY NOW OR IN THE FUTURE HAVE AGAINST MACOUPIN T.A.I.L.S., MACOUPIN COUNTY, ANY AND ALL SPONSORS, THEIR REPRESENTATIVES, SUCCESSORS, AND ASSIGNS, FOR ANY AND ALL INJURIES OR LOSSES SUFFERED BY ME IN THIS EVENT, INCLUDING PRE-AND POST CONTEST ACTIVITIES. I ATTEST AND VERIFY THAT I AM PHYSICALLY FIT AND HAVE SUFFICIENTLY TRAINED FOR THIS EVENT.

DATE _____ SIGNATURE (PARENT OR GUARDIAN IF UNDER 18) _____

PLEASE INCLUDE ALL TEAM REGISTRATIONS TOGETHER