

I Care! 10 Mile Run and 5k Run/Walk

Proceeds of the event will go towards costs of the Central Lutheran Church
Vision Mission to Malawi, April 2010.

Date: February 13th, 2010

Pre-Registration (Postmarked) by: 02/05/10

Race Day Registration: 7:00am

Races Begin: 9:00am

Entry fees:

\$15.00 for Pre-Registered Participants

\$20.00 for Race Day Participants

\$40 for Family Pre-Registrations

\$45 for Race Day Families

**Donate a pair of prescription eyeglasses and be
entered into an additional prize drawing!**

Long Sleeve T-shirts are provided
for all participants and awards for
the top three finishers in each age
category.

Major Sponsors Include:

Coulson Precision Tooling

Dean and Associates, Inc.

Lake Wissota Family Chiropractic

Northwoods Family Eye Care

Travel Leaders of Eau Claire

The Woodshed of Augusta

The Races begin and end at the Chippewa Falls Middle School on Tropicana Blvd and
loop NE through the city.

For a map of the races, go to http://www.indianheadtc.org/race_calendar.htm

Race (Circle one): 5K 10 Mile

Name _____

Address _____

Make checks payable to CLC & Mail Entries To:
Central Lutheran Church (Attn: Tammy)
28 East Columbia Chippewa Falls, WI 54729.
Questions: Call Kristin @ 715-404-5913 or email
kbowe000@charter.net

T-Shirt Size (Circle one): S M L XL XXL

Male or Female (Circle one) Age on Race Day: _____ Birth date: ____/____/____ Phone#: ____-____-_____

Waiver: In consideration of your acceptance of my entry, I, the undersigned, intending to be legally bound, hereby, for myself, my heirs, executors and administrators waive and release any and all rights and claims for damages I may have against the Chippewa Falls School District, the City of Chippewa Falls, Chippewa County and Central Lutheran Church and their employees for any and all injuries suffered by me in said event and verify that I will participate in this event as a footrace entrant, that I am physically fit and have sufficiently trained for the competition and completion of this event and that my physical condition has been verified by a licensed Medical Doctor. I hereby grant full permission to any and all foregoing to use any photographs, videotapes or any other record of this event for any

Signature _____

Date _____ Signature of Parent/Guardian if Under 18 _____

Date _____