

Courthouse Classic 5K-2010

Race to Benefit Lakeland Running Teams & Programs

Where: LaGrange County Courthouse, LaGrange, IN.

When: Saturday, June 19th, 2010 - (WALKER'S WELCOME)

***(New Time & Order)* 1 Mile Fun Run Start at 8:30 AM - 5K Start at 9:00AM**

CHIP TIMING: Provided by "Time to Run"(Race results found at www.timetorun.net)

PRE-REGISTRATION PACKETS: ASSEMBLED FOR FASTER PICK UP!

Race Day Registration: 6:30AM till 8:10AM.

Course: USATF Certified IN 03002 MW

Awards: Top three overall, men & women, Master Champion (40-49), Grand Master (50 & over)
At least the top three in each age division (overall winners not included)

Age Divisions: 5K RaceMen and Women 13 & under, 14-15, 16-18, 19-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60 & over. **1 Mile Fun Run** The top 35 children will receive a special medallion! 12 & under in age are eligible for those awards.

Entry: For 5K & Walk...\$12 pre-registered by 6/14/10...\$15.00 Race Day. Fun Run...Children age 12 & under \$8.00-pre registered by 6/14/10...\$10.00 Race Day. Shirts & "goodie bags" will only be guaranteed to those who pre-register & will be first come first serve for race day registrations.

Make checks payable to: Miller's Market's Benefit Run.

Questions: E-mail us: info@courthouseclassic.com Call Connie at 260-463-4962 (101) Gary at 260-336-4460 or Dan 260-463-2831 - **Visit our website at www.couthouseclassic.com**

"Goodie" bags: This race gives a race packet "goodie" bag that is excellent.

Please detach, sign, fill out, & return this form.

Courthouse Classic 5K Road Race

Last Name	First	sex	age		
Address	City	State	Zip-Code		
Phone #					
Race: (circle) 5K	1M FUN RUN	WALKER			
T-Shirt Size: (circle) Kids 12-14 Kids 14-16	S	M	L	XL	XXL

Waiver: (must be signed) In consideration of this entry being accepted, I, for myself, my heirs, executors, assigns, and administrators, waive and release any and all claims for damages I may have against, any and all sponsors, representatives, organizers, Lakeland Schools, and the City of LaGrange. I attest and verify that I am physically fit and have sufficiently trained for the completion of this event and that my condition has been verified by a licensed medical doctor. I will pay a \$30.00 fee if I don't return my chip.

Date

Signature (of parent or guardian if under 18)

Mail entries to: Miller's Market Office

(Attn: Connie)

P.O. Box 240

LaGrange, IN. 46761

DOOR PRIZES TOO!