2009 Cardinal 5K Run

2 Mile Run/Walk & 1 Mile Youth Fun Run

SATURDAY, JUNE 20, 2009, ALBION, NEBRASKA

Please join us for the first annual 2009 Cardinal 5K Run, 2 Mile Run/Walk and Kid's 1 Mile Run.

5K Run.....9:15 a.m.
2 Mile Run/Walk.....9:15 a.m.
1 Mile Kid's Run.....9:00 a.m.

LOCATION

The run/walk will start and finish at the Boone County Fitness Center, 527 South 5th Street, Albion, NE. Parking is available on the south side of the fitness center.

REGISTRATION

If registered by June 8th, the entry fee is $15 which includes a t-shirt. For a small fee Albion graduates can add your graduation year on the back of your shirt. If you choose to register on race-day, the fee is $20 with a shirt and $10 without a shirt. You will not be guaranteed a shirt if you register on race day, but one can be order.

To register: Mail or drop off entry form and fee to Nicole Levander at the Boone County Health Center, 723 West Fairview, Albion, NE 68620. Email Nicole at interv@boonecohealth.org for a registration form. Or go to www.boonecohealth.org and print form.

RACE PACKET PICK-UP

Race packets can be picked up on race day from 7:45 a.m. to 8:45 a.m.

RACE RESULTS

Results will be emailed to you and posted at www.boonecohealth.org

AWARDS

5K Race: Top male and female for and top three male and female finishers in each age group will receive awards:
13-18, 19-24, 25-30, 31-40, 41-50, 51 & up

1 Mile Kid's Run (12 & Under): Top boy and girl and top three boy and girl finishers in each age group: 5-8 and 9-12

The 2 Mile Run/Walk is intended to be a non-competitive event.

REFRESHMENTS

Join us after the run/walk for refreshments. Showers will be available for use at the fitness center for a small fee.

Contact Nicole Levander at 395-3165 or Anji Knuth at 395-2244 with questions.

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MAIL OR DROP OFF FORM & FEE TO:
Nicole Levander
Boone County Health Center
723 West Fairview
Albion, NE 68620

2009 Cardinal Run/Walk

ENTRY FORM
Saturday, June 20, 2009

A separate entry form is required for each participant.

Name _____
Last First MI
Email _____
Address _____
City _____ State _____ Zip _____
Home Phone _____Sex _____
Birth date _____ Race Day Age _____

EVENT (circle one): 5K Run 2M Run/Walk 1M Kid's Run

T-SHIRT SIZE : (circle one) Adult: S M L XL XXL Child: S M L

Albion/Boone Central Graduates:
Graduation Year Printed on Back of Shirt? YES NO (circle one)
Please include $3

Make checks payable to: Boone County Health Center
$15 – includes shirt **before June 8th**
$20 – includes shirt after June 8th
$10 – no shirt after June 8th

By signing this form, I, waive and release any and all rights and claims for damages against the city of Albion, run officials and any other person involved, for any injuries incurred by me related with this event. I also certify that I am in good enough condition to participate in this event.

_____ _____
Participant's Signature Date Signature of Parent/Guardian if Participant is Under 19