



Run the Woods 5K & 8K Trail Run

To benefit **Easterseals Central Illinois**



Saturday, October 5th 2019

20 Timber Pointe Lane
Hudson, IL 61748

7:30-8:45 a.m. check in
9 a.m. start time (both races)

Ready for a scenic trail run through Easterseals' Timber Pointe Outdoor Center? Run the Woods offers an 8k course, classic 5k course and a 1 mile walk/hike. Pick your distance and enjoy the signature pancake breakfast!

Registration fees	BY AUG 31	AFTER AUG 31	Lake Run Club members receive a \$2 discount. Entry fee includes a long sleeve T-shirt and a post race pancake breakfast!
Adults 16 and older:	\$25	\$30	
Children 15 and under:	\$15	\$20	
1 Mile Walk:	\$20		

Racers can also pick up race packets from 4-6 p.m. on Thurs., Oct 3 at the Banquet Hall at Avanti's Italian Restaurant, 3302 E. Empire, Bloomington.

PLEASE COMPLETE ONE FORM PER PARTICIPANT

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NAME _____ PHONE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ / /

EMAIL _____ age as of 10/5/19 _____ BIRTHDAY _____

CIRCLE ONE

EVENT: 5K Race 8K Race 1 Mile Walk Pancake breakfast only (\$5/person) **GENDER:** Male Female

LRC MEMBER: Yes No **SHIRT SIZE:** (Youth) S M L XL / (Adult) S M L XL XXL
(Please note, we cannot guarantee shirt sizes for entries received after September 1)

In consideration of the foregoing, I for myself, my executors, administrators and assignees, do hereby release and discharge Easterseals and Timber Pointe Outdoor Center and any other sponsors and supporters of this race from all claims and damages, demands, actions, whatsoever in any manner arising or growing out of my and my families' participation in the Run the Woods 5K/8K race-walk. I attest and verify that I have full knowledge of risk involved in this event and I am physically fit and trained to participate in this event.

_____/_____/_____ / /

SIGNATURE (parent or guardian if participant is under 18 years of age) _____ DATE _____

PAYMENT INFORMATION

Race entry fee \$ _____ Pancake breakfast only \$ _____ Additional donation \$ _____ **TOTAL ENCLOSED \$ _____**

PAYMENT METHOD: Cash Check Credit Card (MasterCard, Visa, AmEx)

CREDIT CARD NUMBER _____ NAME ON CARD _____ EXP. DATE _____

Please make checks payable to Easterseals

MAIL OR FAX TO:
Easterseals Central Illinois
2404 E. Empire Street
Bloomington, IL 61701
Fax: (309) 662-7872

FOR MORE INFORMATION CONTACT:
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(309)662-8271

