



3rd ANNUAL 5K RUN/WALK For Peter's Place SAT. October 2, 2010

This fund-raiser is to benefit Peter's Place, the focus ministry of C.O.R. Foundation, NFP (Cities of Refuge). Peter's Place will be a Christ-centered ministry aimed at providing free long-term residential support for young men ages 18-28 who struggle with substance abuse and/or mental illness.

New LOCATION and COURSE:

Start/Finish: O'Fallon Community Park 401 E. 5th
O'Fallon, Illinois 62269 Flat Course

DATE and TIME:

Rain or Shine! Sat. October 2, 2010 8:30am (wheel chairs - 8:15am) ~ Race Day Registration 7:00 - 8:00am

AWARDS:

Overall Male and Female Awards and Medals to top three winners in each age group.

Age groups: 11-13, 14-19, 20-29, 30-39, 40-49, 50-59, 60+ All children 10 and under will receive a ribbon.

ENTRY FEES: (PLEASE MAKE CHECKS PAYABLE TO Peter's Place)

\$20 if postmarked by Sept. 15, 2010 / \$25 for late and race day entries. Max. Family Fee w/children under 10 - One adult \$20 / Two adults \$40 if paid by 9/15/10. All pre-registered entries ages 11 and over will receive a t-shirt. Late registration does not guarantee a shirt. Registration will close @ 8:00am.

Non-Participant Donation/Please fill out entry form below, along with t-shirt size if you choose, pick up on race day.

INFORMATION:

Additional registration forms are available on our website at www.corfoundation.org or at Toolen's Running Start @ 3220 GreenMount Crossing, Shiloh, IL 62269

Free Refreshments After the Race!

For more information please contact Sherry Koehl (618) 558-0757

Mail to: Peter's Place c/o 333 Covered Bridge Lane, Belleville, IL 62221 ~ Event Location: O'Fallon Community Park

NAME _____ ADDRESS _____ CITY/STATE _____

Phone _____ E-mail _____ Gender: M or F Age on 10/2/10 _____

T-shirt Size, adult size (please circle One) S M L XL XXL Non-Participant Donation

Where did you hear about our event ? _____

Disclaimer/Waiver of Liability: I understand that running/walking a race is a potentially hazardous activity. I know that I should not enter a run/walk unless I am medically able and properly trained. I agree to abide by the decision of any race official relating to my ability to safely complete the race. I assume all risks associated with running/walking this event. Having read this waiver, my signature verifies that I understand these facts and understand that upon your acceptance of the application, the entry fee is non-refundable. I, myself and anyone entitled to act on my behalf, waive and release, C.O.R. Foundation, NFP and the city of O'Fallon, Illinois, and all other persons, sponsors, volunteers, their representatives and successors from all claims or liabilities of any kind arising from my participation in this race. I also understand that some information may be used by the sponsors. I grant permission to all the foregoing to use any photographs, motion pictures, recordings or any other record of this race for any legitimate purpose.

SIGNATURE _____ DATE _____

(Participant or Parent if under age 18)

Timing by: Toolen's Running Start
www.runningstartsports.com