23rd Annual

Memorial Day 5K Run & Walk

May 28, 2007 at 9:00 A.M.

All proceeds benefit the NexLAN/Kennekuk Kids Cross Country Program

Location

Department of Veterans Affairs Medical Center, 1900 E. Main St., Danville, IL. Enter by main gate and follow signs. Take Interstate 74 to Bowman St. Exit. Go North to East Main Street and turn right. Stay on East Main and you will see VA on your right.

Course

A fast, flat accurately measured 5K course around the historical buildings and beautiful grounds of the VA Medical Center. A great PR course. A good course for spectators.

Entry Fee and Registration

Preregistration postmarked by May 21st.
Race day registration is from 7:30 a.m. to 8:30 a.m.
5K run/walk $5 preregistered and $10 race day

Awards

Run: First overall male & female, Top 3 in each division. (No duplicate awards)
Walk: Top 5 finishers (No race walking or running)
Run Age Divisions:

Men		Women	
0-10	11-14	0-10	11-14
15-19	20-29	15-19	20-29
30-39	40-49	30-39	40-49
50-59	60+	50-59	60+
190+ lbs			

Information

Call Race Director Kelly Comrie at 217-443-2870
email: krr@kennekuk.com
web site: www.kennekuk.com
online registration: www.active.com

2007 Memorial 5K 1 form per person — photocopies OK

Official Use Only

First Name Last Name Sex

Street Birth date (month/day/year) Age/Race Day

City State Zip KRR Member

Make checks payable to:
Kennekuk Road Runners
Mail to: Memorial 5K
PO Box 1701
Danville, IL 61834

Event:
- 5K Run ☐
- Heavyweight ☐
- 5K Walk ☐

Entry Fee:
- Postmarked by May 21st $5 ☐
- After May 21st & Race Day $10 ☐

In consideration of your acceptance of this 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 Kennekuk Road Runners, the Department of Veterans Affairs, RRCA, and other supporters of this race for any and all injuries suffered by me in this event. I verify that I am physically fit and have trained for this event.

Signature: _____ Date: _____

Signature of parent or guardian if participant is under 18.