

# SHELDON CELEBRATION RACE

22nd Annual 5K run/walk (3.1 miles)

11th Annual 10K run (6.2 miles)

**Date:** Monday, Sept. 5, 2011, Labor Day

**Check-in time:** 6:45 - 7:45am **Starting time:** 8:00am

**Start and finish:** Northwest Iowa Community College Lifelong Learning and Recreation Center, Hwy 18 West, Sheldon

**NOTICE LOCATION!!**

**Divisions:** 13-and-under, 14-19, 20-29, 30-39, 40-49, 50-59, 60-69 and 70-79, 80 and-over

**Awards:** Trophies to overall male and female winners. Medals for first, second and third place in each age group.

**Race Course:** Paved Bike Trail

**Entry Fee:** Pre-registration is \$15 if postmarked or brought to the Sanford Sheldon Wellness Center by August 27th (t-shirt included). After this date, registration will be \$20.

**Sponsors:** Sanford Sheldon Medical Center, Iowa Information Publications, Hy-Vee

**For more information:** Contact Wellness Staff at (712) 324-6152 or 1-800-568-4320

**Send advance registration to:** Sanford Sheldon Medical Center  
Attn: Shawn Dreesen  
118 N. 7th Avenue  
PO Box 250  
Sheldon, IA 51201

**Sheldon Celebration Race**

**DETAIL and MAIL**

Name \_\_\_\_\_

E-mail address: \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Age as of 9/5/11 \_\_\_\_\_ Sex: M F

T-shirt size: S M L XL XXL Race: 5K or 10K Walk: 5K

In consideration of your acceptance of this entry. I hereby, for myself, my heirs, executors, administrators, waive any and all rights and claims for damages I may have against individuals associated with this event, its agents, representatives, successors and assigns for all injuries suffered by me in said event. I attest and verify that I have full knowledge of the risks involved in this event, and I am physically fit and have trained to participate in this event.

Date \_\_\_\_\_ Signature \_\_\_\_\_

Signature of parent or guardian if under age 18 \_\_\_\_\_