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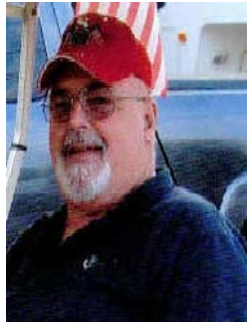
Annual

Richard

Beazley

Memorial

5K Run/Walk



All Proceeds Benefit

Clinton Varsity

Wrestling Team



## 2<sup>nd</sup> Annual Richard Beazley Memorial 5K Run/Walk

**When:** July 10<sup>th</sup>, 2010 5K at 9:00 am Fun Run at 8:45 am  
(Registration and Pick-Up at 7:30 am)

**Where:** Clinton High School Track and Surrounding Area (341 E Michigan Ave)

**Entry Fee:** Registration fee will be \$20 for entries received before June 28<sup>th</sup>. All late and race day fees will be \$25. Race registration will close at 8:30 am. All proceeds will benefit the **Clinton Varsity Wrestling Team.**

**Age Categories:** Men and Women: 12 and under, 13-14, 15-18, 19-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60+

**FREE Fun Run:** (1/4 mile) Ages 5-10

**Awards:** The top 2 male and female winners in each age group will receive a medal. All Fun Run participants will receive a button & ribbon.

**To All Entrants:** All entrants will receive a t-shirt and post-race refreshments. \***T-shirt not guaranteed for late or race day entries.**\*

**Registration:** Fill out the information to the right, cut off and mail to the address below with your check.

**Make checks payable to:** Clinton Varsity Wrestling

**Send entry form and fees to:** Kevin Beazley  
Attn: Clinton High School Wrestling  
5K Run/Walk  
341 E Michigan Ave  
Clinton MI, 49236

If you have any **questions**, please email beazley60@juno.com, or call Kevin at 517-456-6319 or 517-403-2106

## Registration Form

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Age** (on 7/10/10) \_\_\_\_\_ **Sex:** M F

**T-Shirt Size:** XS S M L XL XXL

\*\* XXXL (add \$2)

**Money to be designed to:**

Clinton Varsity Wrestling

**Event:** 5K Run 5K Walk Fun Run

**Waiver:** In consideration of your accepting this entry, I, intending to be legally bound, do hereby for myself and heirs, executors, administrators waive and release any and all rights and claims or damages I may accrue against the persons and organizations affiliated with the race for any and all injuries that may be suffered by me or enroute to or from the event. I attest that I am physically fit and sufficiently trained for this competition, my physical condition verified by a licensed MD during the last 6 months. As part of this waiver, I acknowledge that I have read and understand all of the above.

**Signature of Participant**  
(Parent or Guardian if under 18)

**Please cut this portion of the form off,  
fill out, and mail with entry fee**