



# Save R Sight

5K Run/Walk (3.1 miles)

Saturday April 29, 2006

Entry fee \$17.00, if postmarked by April 25, \$20 day of race

Runners can check in 7:00 - 7:45am. Walkers can check in before 8:00am

Race begins at 8:00am in front of Metamora Township High School.

101 W. Madison, Metamora, IL

Dressing and shower facilities provided at Metamora High School.

## Male & Female Age Groups for Run/Walk

9 - under	10-14	15-19	20-24	25-29	30-34	35-39	40-44
	45-49	50-54	55-59	60-64	65-69	70+	

**\*\*The top male and female will receive an individual overall trophy.**

**\*There will be 3 awards in each age group**

**Finish line timed by Illinois Valley Striders.**

T-shirts & goody bags will be given to the first 100 entries.

Make checks payable to:  
**Save R Sight,  
Inc.**

Mail entry form and fee to:  
Deb Davis-Peschong  
236 Zimmerman Road  
Metamora, IL 61548

For more information call:  
**309-822-8976 or 309-694-7451**

## SAVE R SIGHT RUN/WALK ENTRY FORM

Please print

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ Phone: \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Receipt required  yes  no  
You can use your cancelled check as receipt

Email \_\_\_\_\_

Sex:  FEMALE  MALE Do you plan to:  RUN  WALK

Adult shirt size:  MEDIUM  LARGE  X-LARGE  XX-LARGE

Yes, I cannot attend but would like to make a donation.

Signature \_\_\_\_\_

Signature of Parent if under 18 yrs. Old \_\_\_\_\_

I agree to abide by the regulations for this event, In consideration of being permitted to enter this event, being knowledgeable of the risks and knowing that it is my sole responsibility to decide whether to enter or continue the walk, I voluntarily assume the risk of participation in this event and release

Save R Sight Walk/Run and the people conducting and sponsoring this event from any and all liability in connection with any injury or damage that may occur to me and all participants