

Counseling & Family Services Presents

10th Annual
Frosty 5K



To warm a Child's Heart

January 24th 2009

**COUNSELING
& FAMILY SERVICES**

Proceeds used to help
support youth-at-risk
programs.

Special thanks to our title sponsor:

**AMERICAN FAMILY
INSURANCE**®

10th Annual Frosty 5K
January 24, 2009
10 AM on the *Peoria Riverfront*
5K Run and 1.5 Mile Walk

Registration before Jan. 13:
\$25 per person

\$50 for family of three or more
\$22 for Illinois Valley Striders Members
Advance registration guarantees long-sleeve event shirt.
Limit of three shirts for a family registration.

Registration after Jan. 13:
\$30 for all (does not guarantee shirt)

Medals provided for 1st, 2nd and 3rd in
each age bracket for the 5K race.

Check in opens at 8 a.m. on race day at the
CFS office, 330 S.W. Washington St.
Packet pick up available from 9 am to 5 pm
Friday, Jan. 23, at the
CFS office.

Post-event pizza party
at Old Chicago on the
Riverfront.



For information call 309 676-2400
or go to www.cfspeoria.org

FROSTY 5K REGISTRATION

Name _____

Address _____

City _____

State _____ Zip _____

Phone _____

E-Mail _____

For 5K: Age _____ Male Female

Check One: 5K 1.5 Mile Walk

T-Shirt Size: S M L XL

XXL XXXL

\$25 Individual Registration

\$22 Illinois Valley Striders members

\$50 Family Registration (Please list all
names and shirt sizes on a separate sheet.
Limit of 3 shirts per family).

Mail registration form and payment to:

**Frosty 5K
Counseling & Family Services
330 S.W. Washington St.
Peoria, IL 61602
For more information call 309 676-2400**

**Check in opens at 8 a.m.
330 S.W. Washington St.
Race/Walk starts at 10 a.m.
Post-event pizza party at Old Chicago
on the Riverfront**

Release and Waiver: I represent that I or the minor child named below am medically able to participate in this event. I assume all risks associated with walking or running in this event, including, but not limited to, falls, effects of weather, contact with other participants, and the conditions of the course, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of you accepting this entry, I for myself and anyone on whose behalf I am entitled to act, waiver and release CFS and all sponsors, their representatives and successors, from all claims and liabilities, even though the liability may arise out of negligence or carelessness on the part of the persons named in the waiver. If weather is too inclement for the event to take place, I willingly donate my registration fee to Counseling & Family Services, knowing that it will assist Tri-County children in need.

Signature(s) _____

Please list children under the age of 18 that waiver applies to: _____
