

**Frosty 5K
To Warm a
Child's
Heart**



11th Annual Frosty 5K
January 30, 2010
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-sleeved 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 am on race day at the
CFS office, 330 SW Washington St.
Packet pick up available from 9 am to 5 pm
Friday, Jan. 29, at Running Central.
700 Main St., (676-6378)
Post-event pizza party at Old Chicago on
the Riverfront.**

FROSTY 5K REGISTRATION

Name _____
Address _____
City _____
State _____ Zip code _____
Phone _____
E-Mail _____

**January 30th
Check in opens at 8 am
330 SW Washington St.
Race/Walk starts at 10 am
Post-event pizza at Old Chicago
on the Riverfront**

For 5K: Age ____ Male Female
Check One: 5K 1.5 K Mile Walk
T-Shirt Size: S M L XL
 XXL 3XL

\$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 SW Washington St.
Peoria, IL 61602**

For more information call 309 676-2400

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 and knowing
these facts, and in consideration of you accepting
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: _____

