



RUN TO REMEMBER
5K RUN – 1 MILE WALK
BENEFITING ILLINOIS
CHAPTER OF C.O.P.S.
 (CONCERNS OF POLICE SURVIVOR)

OPEN TO EVERYONE
REGISTRATION DEADLINE:
MAY 1st @ 7:45AM

SATURDAY – MAY 1, 2010
RUN/WALK STARTS @ 8:00 AM
 AT
JUNCTION CITY
5901 N. PROSPECT RD.
PEORIA, IL 61614
\$20: ENTRY FEE

PARTICIPANTS RECEIVE:

T-SHIRT SIZE: (CIRCLE ONE)

ADULT S M L XL XXL
 YOUTH 6-8 10-12 14-16

PARTICIPATING IN MEMORY OF:

NOTE: APPLICATION MUST BE RECEIVED BY 4/9 IN ORDER
 HAVE YOUR OFFICERS NAME LISTED ON THE T-SHIRT.

E.O.W.

MAKE CHECKS PAYABLE TO: RUN TO REMEMBER – ON MEMO LINE NOTE FOR: IL C.O.P.S.
IL C.O.P.S. IS A 501(c)(3) ORGANIZATION

MAIL TO: RUN TO REMEMBER
 P. O. BOX 414
 DUNLAP, IL 61525

PACKET PICK-UP: **FRI. – APRIL 1 (4-7:30 PM)**
THE BUTCHER BLOCK (inside Junction City)
 5901 N. Prospect Road Suite
 PEORIA IL, 61614 (309) 208-7844
 OR
RACE DAY 6:45-7:45
AT JUNCTION CITY

AWARDS:

TROPHIES WILL BE GIVEN TO OVERALL
 MALE AND FEMALE **RUNNER.**

AWARDS WILL BE GIVEN TO TOP 3 RUNNERS
 OF EACH MALE AND FEMALE GROUP.

AGE GROUPS:9-14, 15-19, 20-24, 25-29, 30-34, 35-39,
 40-44, 45-49, 50-54, 55-59, 60 & OLDER



POLICE CHALLENGE



ARE YOU A POLICE OFFICER? IF SO, WHAT DEPT. ARE YOU WITH?
 AWARDS GIVEN TO TOP 3 OFFICERS RUNNING:

DEPARTMENT: _____

PRINT NAME: _____
 ADDRESS: _____
 CITY: _____ STATE: ___ ZIP: _____
 PHONE #: _____
 E-MAIL: _____
 SEX: M F AGE: (AS OF 5/1) _____
 5K RUN _____ 1 MILE WALK _____

WAIVER: I KNOW THAT RUNNING A ROAD/OFF-ROAD RACE IS A POTENTIALLY HAZARDOUS ACTIVITY. I SHOULD NOT ENTER AND WALK/RUN UNLESS I AM MEDICALLY ABLE AND PROPERLY TRAINED. I ASSUME ALL RISKS ASSOCIATED WITH RUNNING/WALKING IN THIS EVENT. HAVING READ THIS WAIVER AND KNOWING THESE FACTS AND IN CONSIDERATION OF YOUR ACCEPTING MY ENTRY, I, FOR MYSELF AND ANYONE ENTITLED TO ACT ON MY BEHALF WAIVE AND RELEASE IL C.O.P.S., ALL VOLUNTEERS AND SPONSORS FROM ALL CLAIMS OR LIABILITIES OF ANY KIND ARISING OUT OF MY PARTICIPATION IN THIS EVENT EVEN THOUGH THAT LIABILITY MAY ARISE OUT OF NEGLIGENCE OR CARELESSNESS ON THE PART OF THE PERSON NAMED IN THIS WAIVER.

SIGNATURE: _____

(ALL ENTRIES MUST BE SIGNED BY PARTICIPANT)

SIGNATURE: _____

(PARENT OR GUARDIAN IF UNDER 18)

INFORMATION: THIS IS THE FOURTH ANNUAL RUN/WALK TO REMEMBER FALLEN OFFICERS. ALL PROCEEDS TO BENEFIT THE ILLINOIS CHAPTER OF CONCERNS OF POLICE SURVIVORS. AN ORGANIZATION THAT HELPS FAMILIES OF FALLEN OFFICERS TO LIVE, LOVE, RENEW LIFE.

FOR MORE INFORMATION ON THE RUN/WALK OR THE IL COPS ORGANIZATION, CHECK OUT OUR WEB SITE AT: WWW.ILCOPS.ORG

CONTACT:

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