

Courthouse Classic 5K

Race to Benefit Lakeland Running Teams & Programs

Where: Lagrange County Courthouse, LaGrange, IN.

When: Saturday, June 21st, 2008 at 8:00AM (Kiddie Run following 5K race)
(WALKER'S WELCOMED)

Course: USATF Certified IN 03002 MW

Awards: Top three overall, men & women, Master Champion (40-49), Grand Master (50 & over)
At least the top three in each age division (overall winners not included)

Age Divisions: 5K RaceMen 12 & under, 13-15, 16-19, 20-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60 & over.....**Women** 12 & under, 13-15, 16-19, 20-29, 30-34, 35-39, 40-49, 50-59, 60 & over... **1 Mile Fun Run** The top 35 children will receive a special medallion for their respective place! 12 & under in age are eligible for the awards.

Entry: For 5K & Fun Walk...\$12-pre registered\$15- Race Day. Fun Run ...Children age 12 & under \$8.00-pre registered\$10.00 Race Day. Shirts & "goodie bags" will only be guaranteed to those who pre-register & will be first come first serve for race day registrations. Make checks payable to: Miller's Market's Benefit Run.

Questions: Call Gary Grogg at 260 336-4460 Dan Lovell at 260-463-2831, Connie Richards at 260-463-4962 (101)... E-mail: info@courthouseclassic.com Visit our website www.courthouseclassic.com

"Goodie" bags: This race gives a race packet "goodie" bag that is excellent.
Please detach, sign, fill out, & return this form.

Courthouse Classic 5K Road Race

Last Name	First	sex	age
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Address	City	State	Zip-Code
Phone #			
Race: (circle) 5K	1M FUN RUN	WALKER	
T-Shirt Size: (circle)	Kids 12-14 Kids 14-16	S M L	XL XXL

Waiver: (must be signed) In consideration of this entry being accepted, I, for myself, my heirs, executors, assigns, and administrators, waive and release any and all claims for damages I may have against, any and all sponsors, representatives, organizers, Lakeland Schools, and the City of LaGrange. I attest and verify that I am physically fit and have sufficiently trained for the completion of this event and that my condition has been verified by a licensed medical doctor.

Date _____
Mail entries to: Miller's Market Office
P.O. Box 240
LaGrange, IN. 46761
Attn: Connie

Signature (of parent or guardian if under 18) _____
Results provided by Kosciusko Runners'
Association – www.runkra.com/default.aspx