

Southgate

HERITAGE HALF EIGHT & 4 MILE RUN

– SATURDAY MORNING –
JUNE 20, 2015

9:00 AM 4 Mile Run

PRE-REGISTRATION

By mail or at
TOTAL RUNNER
15265 Dix-Toledo Rd., Southgate, MI 48195
or register online **until JUNE 19th** at NOON
RunSignUp.com

Mail or drop off entries to:
TOTAL RUNNER

15265 Dix-Toledo Rd., Southgate, MI 48195
734-282-1101

Make checks payable to (sorry, no refunds):

CITY OF SOUTHGATE

ENTRY FEE

• Includes post-race refreshments •

\$20.00 By June 14 • **\$25.00** June 15th-19th

\$30.00 Race Day: SOUTHGATE CITY HALL

No Shirt Guaranteed after June 14th

LATE REGISTRATION & PACKET PICK-UP JUNE 15 - 19

TOTAL RUNNER

15265 Dix-Toledo Rd., Southgate, MI 48195

RACE DAY REGISTRATION SOUTHGATE CITY HALL

14400 Dix-Toledo Rd., Southgate, MI 48195
7:30 am - 8:45 am

41st ANNUAL HERITAGE DAYS WEEKEND

*Start and Finish
Southgate
Municipal Complex*

*Plan to stay
for Taste of the
Town at Noon*

*– 4 Mile –
Certified Course
Run or Jog
to the Nature Center*

**KILLER FLAMINGOS
PERFORM FRIDAY
7-11 PM**

**BOOGIE DYNAMITE
PERFORMS
SATURDAY
6PM TO 9PM**

**MEGA 80'S
PERFORM
SATURDAY
9PM TO MIDNIGHT**

AGE GROUP AWARDS

	0-15	16-19	20-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
Men	3	3	3	3	3	3	3	3	3	3	3	3
Women	3	3	3	3	3	3	3	3	3	3	3	3

 **Make checks payable to: CITY OF SOUTHGATE** (sorry, no refunds)

Please fill out completely and return only this portion

Entry may be photocopied

LAST NAME: _____ FIRST NAME: _____ HOME PHONE: () _____

MAILING ADDRESS (APT.#): _____ WORK PHONE: () _____

CITY: _____ STATE: _____ ZIP OR POSTAL CODE _____

FEMALE ☐ MALE ☐ BIRTHDATE AGE ON 6-20-15

E-MAIL ADDRESS (Optional)

MEN'S SHIRT SIZE

S M L XL

LADIES SHIRT SIZE

S M L XL

WAIVER: In consideration of acceptance of my entry, I, for myself, my executors, administrators, and assignees, do hereby release and discharge the City of Southgate, Total Runner and all sponsors, and even spectators of the City of Southgate Run for all claims of damages, demands, actions whatsoever in any manner arising from my participation in said event. I attest and verify that I have full knowledge of the risks involved in this event, am physically fit, and have my personal physician's approval. Further, I hereby grant full permission to any and all of the foregoing to use my photograph, videotape, film, motion picture, or record of my participation in this event.

X _____
Signature (runners and non-runners must sign waiver)

X _____
Parent's Signature - if under 18 years

FOR OFFICIAL USE:

Date Rec'd. _____

Amt. Pd. _____

Race. No.

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