MoACTE 1st Annual 5k Walk/ Run

Wednesday, July 22nd, 2015 Race Begins at 7:00 p.m. Jordan Valley Park Springfield, MO



Cost = \$35 per person This includes: Event T-Shirt with <u>Glow-in-the-Dark Ink</u> Shirt Sizes S-2XL, Ipico Chip System timing, & Post-Race Snack

Register Online: https://runsignup.com/Race/MO/Springfield/1STANNUALMoACTEWALKRUN

Pre- Register by Mail:

*Make checks payable to MoACTE PAC

Send to: Samantha Cosper

PO Box 225

Cassuille, MO 65625

Registration must be received by July 1st to guarantee t-shirt & size!

Schedule

6:00 p.m. Onsite Registration

T-Shirt Pick-Up

7:00 p.m. 5k Race Begins

Walk begins after

8:30 p.m. Post-Race Snack

Awards

Awards:

Medals for the following divisions: Overall Male, Overall Female

Ages 18 & Under, 19-29, 30-39

40-49, 50 & Up

All proceeds will support Missouri Association for Career and Technical Education Political Action Committee to promote the development of career & technical education within the state of Missouri.

View the course at: http://www.usatf.org/routes/view.asp?rID=534737



Questions Contact: Samantha Cosper or Karen Mason (417) 342-2922 (417) 850-3566



How to register?

- 1. Visit https://runsignup.com/Race/MO/Springfield/1STANNUALMoACTEWALKRUN. Race Registration is \$35.00 + \$3.00 processing fee applies.
- Complete the simple registration form below and mail with \$35.00 payment to: Samantha Cosper PO Box 225 Cassville, MO 65625 Make checks payable to: MoACTE PAC

*Registration must be received by July 1st to guarantee shirt.

Race Day Registration will be available from 6:00 p.m. until race start.

Pick-up Information: packet pick-up will be race day from 6:00 p.m. until race start.

View the course at: http://www.usatf.org/routes/view.asp?rID=534737

Water stations will be located throughout the course.

Post-race refreshments will be at the finish line.

Awards will begin at approximately 8:30 p.m.

For additional information please contact: Samantha Cosper or Karen Mason

(417) 342-2922 (417) 850-3566

Name	Age:				Sex:
Phone: Address:			E	-Mail: _	
Employer:					
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I assume all risks associated with running this event. Having read this waiver and knowing these facts in consideration of accepting my entry fee, I, for myself, and anyone entitled to act on my behalf, waive and release the Missouri Association for Career and Technical Education, City of Springfield, and all sponsors, their representatives and successors, for all claims or liabilities of any kind arising out of my participation in this event. No refunds.

Signature	Parent Signature if under 18	Date	