

Sheridan Community Hospital Springfest 5K Run/Walk

Date: May 23, 2026

Starting Time: 8:30 AM

Registration Time: 7:00—8:15AM

Pre-Register by: May 1, 2025 to Ensure T-shirt

Sign up by mail or online at:

runsignup.com/Race/MI/Sheridan/Springfest5k

Entry Fees:

- \$25.00 by May 1
- \$30.00 after May 1

Location:

**Sheridan Community Center
205 St. Clair St.
Sheridan, MI. 48884**

Contact:

**Phone: 989.291.6234
Email: speabody@sheridanhospital.com**



Age Brackets:

- 10 and under
11-14, 15-18, 19-24, 25-29, 30-34, 35-39, 40-44,
45-49, 50-54, 55-59, 60-64, 65-69, over 70

Awards:

- Top 3 in each age bracket—Medals
Top overall men & women— Plaque
Top masters (over 40) men & women— Plaque
1st to mile marker 1 overall man & women- \$20 gift card



Mail form and entry fee to:

**Sheridan Community Hospital
ATTN: Steve Peabody
301 N. Main St.
Sheridan, MI 48884**

Make checks payable to :
Sheridan Community Hospital
Memo: 5K

Name: _____
Street Address (Including Apartment) _____

Phone Number _____
Age on Race Day _____

Male Female

Shirt Size: S M
 L XL XXL

I know that running a road race is a potentially hazardous activity. I should not enter and run/walk unless I am medically able and properly trained. I agree to abide by any decisions of a race official to my ability to safely complete the run/walk. I assume all risks associated with this event including , but not limited to falls, contact with other participants, the effects of the weather, traffic, and condition of the road. All such being known and appreciated by me. Having read the waiver I for myself and anyone entitled to act on my behalf, wave and release Sheridan Community Hospital and the Village of Sheridan from all claims liabilities of any kind arising out of my participation in this event.

SIGNATURE _____ DATE _____
SIGNATURE OF PARENT IF UNDER 18 YEARS OF AGE _____