



18th Annual KAYLA O'MARA MEMORIAL ROAD RACE Saturday, August 5th, 2023

LOCATION: GOODRICH HIGH SCHOOL
8029 S. Gale Road
Goodrich, MI 48438

SEND ENTRIES TO:
Kayla O'Mara Memorial Race
PO Box 100
Grand Blanc, MI 48480 or Drop off at Bauman's
ATTN CRIM TRAINING PARTICIPANTS: YOU MUST INCLUDE YOUR VOUCHER WITH YOUR REGISTRATION.
TIME*: 5K Run/Walk 8:30 AM
1/2 mi Fun Run/Walk 9:30 AM
CHIP FINISH
HAND TIMED
PRICE: 1/2 Mile: \$5
5k Run/Walk: \$25 Through 6/30. +\$5 7/1-8/5
Shirts not guaranteed for registrations after 7/1

PACKET PICK-UP*

(at Goodrich High School):

Friday, August 4, 2023, 4-7 pm

Race Day starting 7:00 am

COURSE: Paved and gravel with moderate hills **FACILITIES:** Portables.

CUSTOM MEMORIAL FINISH MEDAL TO FIRST 350 REGISTRANTS – must finish to earn medal

For more info on awards and other swag visit our website: www.kaylarun.com

✧ **ONE PERSON PER ENTRY** ✧

For more information visit www.kaylarun.com

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|----------------|--|-----------------|--|--|--|--|--|--|--|--------------|--|--|--|--------------------------|--|--|--|-------------|--|-----------|--|--------|--|-----------|--|--|--|--|--|
| LAST NAME | | | | | | | | | | FIRST NAME | | | | | | | | | | M.I. | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | CITY/TOWN | | | | | | | | | |
| STATE | | ZIP/POSTAL CODE | | | | | | | | PHONE NUMBER | | | | DATE OF BIRTH (MO/DA/YR) | | | | AGE ON RACE | | | | | | | | | | | |
| Email | | | | | | | | | | | | | | | | | | | | Male | | Female | | Est time: | | | | | |

Race (circle one): 5k RUN/WALK 5k COMPETITIVE WALK VIRTUAL 5K RUN/WALK

Shirt (Circle one): Cotton Tee: YS YM YL S M L XL XXL(+ \$1) XXXL(+ \$2) XXXXL(+ \$2)

Men's Technical Tank: S M L XL XXL

Women's Technical Tank: XS S M L XL XXL

NO SHIRT -\$5.00 from the registration total

In consideration of my participation in this event, I for myself, my heirs, executors, and administrators, waive all rights and claims for damages I may have against Kayla O'Mara Memorial Scholarship Fund, the sponsors of this event, their agents, representatives, successors, and assignees for any and all injuries suffered by me at said event, or which may arise out of my traveling to, participating in, and returning from this event. I further state that I am in proper physical condition to compete in this event.

ATHLETE (OR PARENT, IF UNDER 18) MUST SIGN: _____ DATE _____

Make Checks out to: Kayla O'Mara Memorial Scholarship Fund

Please check your email and www.kaylarun.com for updates regarding start and packet pickup information. Start time is subject to change including wave starts. You must include your email address in registration to receive these updates. Please write clearly.