



Saturday, June 4, 2016

Registration from 7:15 to 7:50 a.m. | 5K Run/Walk begins at 8 a.m.
Course is flat, along the Clinton River Trail with one hill

Older Persons' Commission (OPC)
 650 Letica Drive, Rochester, MI

BIB/SHIRT PICK-UP:

June 2 and 3 from 7 a.m. to 8 p.m. in the OPC lobby

All proceeds will benefit OPC's Meals on Wheels Program, which provides daily meals for homebound seniors seven days a week. Every \$5 raised = one home delivered meal!

- ✓ T-Shirt for participants who register by May 30, 2016
- ✓ Awards in 10-year age groups (chip time event)
- ✓ Prizes for oldest and youngest walkers
- ✓ Refreshments

— Sponsored by —



Dana Wilson,
 Attorney

REGISTRATION FORM for 5K Run/Walk

(OR register online at Eastsideracingcompany.com)

LAST Name _____ FIRST Name _____

Address _____ Birthdate _____

City _____ State _____ Zip _____

Phone _____ Email _____

| | | | |
|---|---|--|---|
| SELECT DIVISION/RACE: <input type="radio"/> MALE <input type="radio"/> 5K (Timed) <input type="radio"/> FEMALE <input type="radio"/> 5K (Not Timed) <input type="radio"/> WALK (Not Timed) <input type="radio"/> DONATION ONLY | SHIRT SIZE: <input type="radio"/> YOUTH <input type="radio"/> LARGE <input type="radio"/> SMALL <input type="radio"/> X-LARGE <input type="radio"/> MEDIUM <input type="radio"/> 2X-LARGE (Add \$2) | ENTRY FEE: <input type="radio"/> \$20 PRE-REGISTRATION (BY 5/30/16) <input type="radio"/> \$25 RACE DAY REGISTRATION <input type="radio"/> \$15 AGE 12 AND UNDER | ADDITIONAL DONATION <i>(if desired)</i> \$ _____ |
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Enclosed is my check (# _____) payable to OPC in the amount of \$ _____

Please charge my registration to: Visa Mastercard Discover

Card #: - - Exp. Date: _____

Name on card (if different from registrant) _____

WAIVER: *In acceptance of my registration for OPC's 5K Run & Walk, I hereby release OPC and all participating groups, sponsors and persons officially connected with this event from any and all injury or damage whatsoever from my participation.*

Signature of applicant or parent/legal guardian (if under 18 years of age): _____

NAME _____ DATE _____