

RCGC AULT PARK MILE Sunday October 30, 2016 10:00 AM Ault Park, Cincinnati OH

- **COURSE:** 1 Mile Run around the loop in Ault Park.
- **AWARDS:** Top Male Overall and Female runners. Top Male and Female in the following Age Groups Runners: 12/under, 13-18, 19-29, 30-39, 40-49, 50-59, 60 & over.
- **PRE-REGISTRATION:** \$10.00 General Public, \$5.00 RCGC Members / 21 & Under. Mail in-entries must be <u>postmarked by</u> Tuesday, October 25, 2016. Online registration available through Thursday October 27, 2016 at www.cincinnatirunning.com.
- **RACE DAY REGISTRATION:** \$15.00 General Public. \$10.00 RCGC Members / 21 & Under. Opens 9:00 AM at the Shelter near the soccer field in Ault Park.
- **INFORMATION:** Visit www.cincinnatirunning.com or call the club hotline at 513.594.8203.

Name:				
		State:	Zip:	
Phone Number:	Emai	l:		
Age (as of race date):	Sex:			
Pre-Registration:				
\$5 RCGC Members / 21 & Under		\$10 General Public		
\$30 - Run + 1 yr. RCGC Single Membership		\$45 - Run + 1 yr. RCGC Family Membership		
Race Day Registration:				
\$10 RCGC Members/ 21 & Under		\$15 General Public		
\$35 - Run + 1 yr. RCGC Single Membership		\$50 - Run + 1 yr. RCGC Family I	\$50 - Run + 1 yr. RCGC Family Membership	
Road Runners' Club of Ame coordinating groups, volunteer agents, employers, directors, of Park Mile. In consideration of release to the full extent permit of my participation. I understa	rica, City of Cincinnati, Cirs and all other individuals, gificers, and members, from all the acceptance of my entry atted. I certify that I am physiond and agree that my name an	s, and assigns, I hereby release the Runn ncinnati Park Board, club and all race roups, and entities associated with this claims which may arise from or as a result and my participation in this event, I under cally fit and able to participate in this event and picture or photograph of my participate.	sponsors, affiliates, managers event, as well as their affiliates lt of my participation in the Aulerstand and agree that I give this nt, and agree to assume all risks	
results and publicity purposes.	·		D	
Signature of Participant:				
		Date:		
Emergency Contact:		Phone Number: _		