



14th Annual

Saturday, October 4, 2014

9:30 am

Lockport Mennonite Church
Stryker, OH

Registration Fee: \$15.00 Pre-registration including t-shirt. Must be **received** by September 26, 2014
\$20.00 after September 26th & Race Day - T-shirts NOT Guaranteed
\$10.00 for Kids Fun Run with T-shirt / FREE for Kids Fun Run with **NO** T-shirt

Start/Finish: Lockport Mennonite Church, corner of Williams Co Road 21/N and Co Rd 22.75
Courses - 5k (3.1 miles) on country roads.
10k (6.2 miles) on country roads and trails in Goll Woods.
Splits at 1 and 2 miles; water station at halfway point of 5k.

Registration & Packet Pick-Up: 8:30 am – 9:00 am Race Day inside Lockport Mennonite Church
If you enter the **Walking Division** – **NO** running is permitted



Awards/Run & Walk: Top Overall Male and Female finishers & Top Three finishers in the following age groups: MEN: 10 and under, 11-14, 15-19, 20-29, 30-39, 40-49 50-59, 60-69, 70+
WOMEN: 10 and under, 11-14, 15-19, 20-29, 30-39, 40-49 50-59, 60-69, 70+
No Duplication of Awards
Door Prizes will also be drawn for participants – MUST BE PRESENT TO WIN

Kids Fun Run: Kids 10 and under – 200 meter Fun Run **Race Starts at 9:15 am, prior to 5k/10k Start**
Kids 11 and older – 1 Mile Fun Run **Race Starts at 9:30am WITH 5k/10k Start**
All kids will receive a Finishers Award - Fun Run is FREE/\$10 with t-shirt – Reg/Waiver Req.

Post Race: Refreshments will be available for all runners and walkers.

Questions: Rachel Kinsman – 419-337-0915 or rachel.kinsman@odh.ohio.gov

FREE Blood Pressure Checks * Blood Sugar Checks * Heart Health Displays

Online Registration and Results following the race can be found at www.davesraces.com

*****OFFICIAL ENTRY FORM*****

Make checks payable to **FCHD** and mail with entry form to: FCHD 606 S Shoop Ave, Wauseon, Oh 43567

Event: ☐ 5K Run ☐ 5K Walk ☐ 10 K Run ☐ 1 Mile Kids Fun Run ☐ 200 Meter Kids Fun Run
Shirt Size: YXS YS YM S M L XL XXL
E-mail Address: _____

Name: _____ Age on October 4, 2014 _____ Sex : M F

Address: _____ City _____ State _____ Zip _____

Waiver: In consideration of the acceptance of my entry in the "Bridging The Gap To Heart Health", I, the assigned, on behalf of myself, my heirs, executors and administrators and assigns, do hear by release and discharge volunteer help, organizers, sponsors and their representations, successors and assigns of all the foregoing from any and all claims, demands and causes of action arising from my participation in the "Bridging The Gap To Heart Health". I authorize the Fulton County Health Department to use photos/video taken of me or my family member for promotional or educational purposes through newspapers, reports, websites, YouTube, Facebook or etc.

PARTICIPANT SIGNATURE (guardian signature if under 18)

DATE