



No child should die from a preventable disease like malaria.

MCTC's Project Malaria aims to raise money for the treatment and prevention of this deadly disease. All funds raised will go to Bethlehem Uganda through Comboni Missionaries.

To learn more visit:

maysville.kctcs.edu/community/project-malaria.aspx

5K RUN + WALK

PROJECT MALARIA

MAYSVILLE COMMUNITY & TECHNICAL COLLEGE

SATURDAY, AUGUST 10, 2019
Celebrating the 9th Annual Oktoberfest in historic Maysville, Kentucky

WHEN & WHERE: Registration begins at 7:00 a.m. | Race starts at 8:00 a.m. Saturday, Aug. 10 at Limestone Landing in downtown Maysville. *Celebrating the Annual Oktoberfest in historic Maysville, Kentucky*

ENTRY FEE: \$15.00 per participant when you pre-register by August 2nd | \$20.00 after August 2nd *\$60 Family 4 or more*

AGE DIVISIONS: Male: 11-19, 20-29, 30-39, 40-49, 50-59, 60-69, 70+
Female: 11-19, 20-29, 30-39, 40-49, 50-59, 60-69, 70+
Children: 10 and below

AWARDS: Awards will be presented to the top male and female overall and 1st-3rd place runners in each age division. Awards will be presented to the top male and female walkers and 1st-3rd place walkers in each age division.

All participants who Pre-register will receive a commemorative t-shirt.

<http://maysville.kctcs.edu/community/project-malaria.aspx>

PLEASE PRINT LEGIBLY IN INK

Each participant must complete this form.



I am registering to participate in the (circle one choice)

5K RUN

2 mi WALK

Name _____ Sex _____ Age _____

Address _____

City, State Zip _____

Phone _____ Email _____

Shirt size (circle one choice)

Unisex Adult: S M L XL XXL Youth: S M L

Sorry! I am unable to participate in the 5th Project Malaria 5K; however, I have enclosed a \$_____ donation to help support the cause.

WAIVER (MUST BE SIGNED) In consideration of your accepting this entry, I, the below signed, intending to be legally bound, for myself, my heirs, my executors and administrators, waive and release any and all rights and claims for damages I may have against the race, and sponsors and their representatives, successors and assigns for any and all injuries suffered by me in said event. I attest that I will participate in this event as a footrace, that I am physically fit and sufficiently trained for the completion of this event. Furthermore, I hereby grant full permission to use my name and likeness, as well as any photographs and any record of this event in which I may appear, for any legitimate purpose, including advertising and promotion.

Signature _____ Date _____

Parent or Guardian (if under the age of 18) _____

Please direct inquiries to Keri Teegarden: 606-759-7141 ext. 66118

MCTC does not discriminate on the basis of race, color, sex, national origin, disability or age in its programs or services.

Mail form and check payable to MCTC
Foundation Attn: Keri Teegarden
1755 US Hwy 68, Maysville, KY 41056

NO REFUNDS WILL BE ISSUED FOR ANY REASON