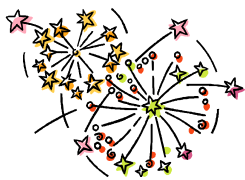


2015 Firecracker 10k, 5k, and 1 Mile Fun Run



Where: Lenoir Aquatic and Fitness Center
 Date: Saturday, July 4th, 2015
 Start Time: 8:00 a.m. (Pre-Registration 6:30 a.m.)
 Registration Fee: 5k & 10K Pre-Registration(Post-Marked Before 6-27-15) \$25.00
 5k & 10K Late Registration(Post-Marked after 6-27-15) \$30.00
 5K & 10K Day of Race \$35.00
 1 Mile Fun Run (with no pre-registration needed) \$10.00



Awards: 1st, 2nd and 3rd Overall Male and Female 5k&10k
 1st, 2nd and 3rd in Age Groups Male and Female
 14 & under, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44,
 45-49,50-54,55-59,60-64,65-69,70-74, 75 & Over

COURSE DESCRIPTION:

ALL RACES WILL BE RAN ON THE LENOIR GREENWAY
 1 Mile Fun Run will be ran on the Greenway Section beside
 LAFC toward Zacks Fork RD.

Entry Form (Please Print)

First Name _____
 Last Name _____
 Address _____
 City, State, Zip _____
 Day Phone _____
 E-mail Address _____
 Birthday _____ Age (On 7-4-15) _____ Sex _____
 T-shirt Size S M L XL XXL

Please Specify Adult or Youth T-Shirt Size

Event 10k 5k 1 mile family fun run

In order to receive a race shirt on race day, one must be registered by June 24, 2015.

Entry Fee (Non-refundable)

5k & 10K Pre-Registration(Post-Marked Before 6-27-15) \$25.00
 5k & 10K Late Registration(Post-Marked after 6-27-15) \$30.00
 5K & 10K Day of Race \$35.00
 1 Mile Fun Run (with no pre-registration needed) \$10.00

Waiver & Release

In consideration of the acceptance of this entry, I hereby, for myself, my heirs, executors, administrators, & assigns, release, & discharge the City of Lenoir, William B. Stronach Jr., Lenoir Aquatic & Fitness Center, promoters, sponsors, managers, directors, officials, agents, employees, & volunteers from any & all claims of injury or liabilities of any kind, illness, or damages suffered by me as a result of my participation in or traveling to & from this event to be held on Saturday, July 4th, 2015. I also give my permission for the free use of my name & picture in any broadcast, telecast, or written account of the event. I further state that I am in proper physical condition to participate in this race.

Signature _____ Date: _____

Parent Signature _____ Date: _____

Medical Information

List any medications you may be on:

List allergies to medications or insect stings:

Do you wish the medical personnel to be informed of any medical problems?

Have you ever dropped out during an event due to medical reasons?

Additional Medical Comments:

Mail form & payment with check payable to:
 City of Lenoir
 Attn: Zack Carter
 P.O. Box 958 Lenoir, N.C. 28645
 Phone (828) 757-2196 Fax (828) 759-1676
zcarter@ci.lenoir.nc.us

EVERYONE WHO ATTENDS THE RACE WILL HAVE THE OPPORTUNITY TO HAVE FREE SWIM AFTERWARDS.

