



Ashtabula County One Life Community Run/Walk

Achtehule County One Life Community Dun / Wells

Saturday, September 9, 2023

Registration: 7:45a.m. Race Time: 9:00a.m.

<u>NEW COURSE!</u> Three (3) mile run and one (1) mile walk on the **Western Reserve Greenway Trail**. Race will begin and end at the **Lampson Road Staging Area (2540 Lampson Road, Austinburg, OH 44010)**.

Registration Fees: \$20 pre-registration fee for either the 1-mile walk and 3-mile run. Race day registration is \$20 for either the 1-mile walk and 3-mile run.

Race t-shirt guaranteed for first 50 people registered. All participants must register.

Awards: Awards for 3-mile run will be given to the Top Female & Top Male Overall, and the Top three in each age group: 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 up.

Sponsors: Ashtabula County Mental Health and Recovery Services Board, Members of the Ashtabula County Suicide Prevention Coalition, Ashtabula County LOSS Team, and many other local donors (Complete Sponsor list will be available day of race).

Contact Information: Bridget Sherman (440) 992-3121 or bsherman@ashtabulamhrs.org

Ashtabula Distance Runner Club: Information and results at wwww.ashtabuladistancerunners.org

Ashlabula County One Life Community Run / Walk		vvaik	Sept. 9, 2023	
Event: 3 mile run 1	mile walk			
Make Checks Payable to: Ash	itabula County M	HRS Board		
Mail to: 4817 State Road, Suite	e 203, Ashtabula (Ohio, 44004		
Name:	Gender:	Age:	T-shirt Size:	
Address:	City:	St:	Zip:	
Phone #:	Email:			
Walking to honor someone: (Please Circle) Yes No				
Name of Honoree (optional): _				
I accept that I will compete in this exastrabula Plymouth Township, State and officials associated with the everas a consequence of my participation Racing, LLC permission to publish verbundable, and bib swapping is not	sny Road Racing, LLO ent from all rights and on. By signing this wa video and photos onli	C, and all spons claims for any liver, you are gi	sors, contributors, supporters, accident, injury, or loss suffere ving permission for Stasny Roa	
Date:	Signature:	igned by parent if i	under 18)	