## DK5K

Dennis Krzykowski 5K Memorial Run To benefit the Cedarburg Community Scholarship Fund



## **Event Details**

July 4, 2017

6:45 – 7:20 AM Registration & Packet Pickup 7:30 AM Start (run and walk) 8:30 AM Awards

Cedar Creek Park, Cedarburg (Portland Rd between Mill & Hilbert)

Website <a href="http://www.ccsf.info/">http://www.ccsf.info/</a>

Medals to top 3 male & female finishers in each age category

12 & under	40 – 49
13 – 19	50 – 59
20 – 29	60 & over
30 – 39	

## Thank You Sponsors & Supporters OVERHEAD DOOR CO. PHYSICAL THERAPY RUNNING CENTER PHYSICAL THERA

## **Registration Details**

Mail form to: DK5K c/o CCSF

PO Box 654

Cedarburg, WI 53012

Early registration ends Monday June 26<sup>th</sup> Late registration is available on the day of the event.

Online registration is available through June 26<sup>th</sup> at: http://www.active.com/

T-shirt is guaranteed for participants meeting the early registration deadline A limited supply of T-shirts will be available on a first come/first served basis for late registrations.

Entry fees are non-refundable

On race day, event organizers will monitor the weather and reserve the right to modify or cancel the event

Registration Information	
Last Name:First:	
City: State: Zip:	
Age on day of event: Phone:	
Gender: Email:	
Event (circle one) 5K run or walk / 1 mile walk	
T-shirt size Adult: Small Medium Large XL XXL (circle one) Child: Medium Large	
Entry Fee: Enclose cash or check payable to CCSF  Early registration ends Monday 6/26  Adult/Teen (13 and over)  \$25 early registration / \$30 thereafter  Child (12 and under)  \$12 early registration / \$15 thereafter  Group – must be submitted together (minimum 4 people)  \$20 per person early registration / \$25 thereafter  Group Captain's Name:	
Release: In consideration of the acceptance of my entry in the Dennis Krzykowski 5K Memorial Run, July 4, 2017, I release the Cedarburg Community Scholarship Fund, the sponsors of the event, and volunteers who are in any way connected with this event from any liability or claims for any injury or illness that I sustain during my participation in the event or that is in any way related to this event. I understand that this release applies to myself, my personal representatives, heirs, and assignees. I represent that I have adequately trained to participate in this event, recognize that risks of injury may accompany such participation and acknowledge that this release is being relied upon by the above persons in permitting me to participate. I also grant full permission without compensation to any and all of the foregoing to use photographic, videotapes, recordings, or any other record for this event for any legitimate purpose.	
Signature: Date:	