

7th Annual Wren Sprague Memorial
Run/Walk 2017
Saturday, August 5, 2017
Almena, WI



Wren Alexandria Sprague passed away October 16, 2009 at the young age of 2½ years old. Wren suffered a head injury while at an in-home daycare. Wren's family is grateful for the help of the doctors & nurses at Regions & Gillette Children's hospitals. We are honored to have donated \$50,000, thus far, to the Pediatric Intensive Care Unit at Gillette Children's hospital in memory of Wren.

Wren's family also gives out two annual scholarship to local students going into the medical field.

You can read Wren's story at www.rememberingwren.com.

Thank you for remembering Wren.

SNACKS & REFRESHMENTS AVAILABLE
AFTER THE RACE

DOOR PRIZES – RAFFLES – SILENT
AUCTION

FREE GAMES & PRIZES FOR KIDS!

WEAR YOUR SUPPORT!
AVAILABLE FOR PURCHASE, HOODED
SWEATSHIRTS, BRACELETS, SCARVES, &
LANYARDS

PROFESSIONALLY CHIP TIMED
BY T & H TIMING



Find us on Facebook:
Wren Sprague Memorial
& Scholarship Fund

Date: Saturday, August 5, 2017

Place: In front of the
Almena Town Hall
Soo Ave (Main St)
Almena, WI

Time: 7:00 am – Registration
8:00 am – Race starts
9:00 am – Kid's race starts

*Race packets can be picked up on
Friday, August 4th noon – 7p.m. at the
Almena Town Hall.

2 MILE WALK – NOT TIMED

All age groups welcome.
Please no rollerblades or bikes.

5K – CHIP TIMED

A trophy will be awarded to the top
overall male & female finisher.
1st, 2nd, and 3rd place medals will be
awarded for male and female in each of
the following age groups: 12 and under,
13-19, 20-29, 30-39, 40-49, 50-59, 60-69

NEW! KID'S RACE – NOT TIMED

FOR AGES 10 AND UNDER

Distance: .33 mile

Starts in front of the Almena Town Hall.
Medals will be given to all participants.
T-shirt & Goody bag for each registered
child.

About the Wren Sprague Memorial

Wren’s family founded the Wren Sprague Memorial & Scholarship Fund in 2011. Wren loved going for walks around her neighborhood in Hillsdale, Wisconsin. Wren would look for the neighbors’ dogs & horses that we would always see on our

route. We decided that having an annual run/walk would be the perfect way to honor & remember Wren.

We support Gillette Children’s Hospital, because they don’t just serve St. Paul, they serve our entire region.

Accomplishments

With your help, we have been able to donate **\$50,000**, thus far, to the Pediatric Intensive Care Unit at Gillette Children’s Hospital.

<i>Year</i>	<i>Amount Donated</i>
2011	\$6,100
2012	\$7,500
2013	\$10,000
2014	\$8,400
2015	\$9,000
2016	\$9,000

Scholarships

<i>Year</i>	<i>Recipient</i>
2011	Courtney Smith
2012	Hannah Feldhacker
2013	Jordan Scherwinski
2014	Megan Hamernik
2015	Tessa Church
2016	Callie Hilbert & Andrea Lutz
2017	Aspen Hatzenbeller & Kristin Doriott

Registration

Complete one entry form per participant.

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

E-mail: _____

(Pre-event information will be sent via e-mail)

Age on race day: _____

Circle one: Male Female

Select Event:

- 5K Run/Walk **(TIMED)**
- 2 Mile Walk **(NOT TIMED)**
- Kid’s Race **(NOT TIMED)**

Payment Information

5K – 2 Mile Walk – Kid’s Race

Register by July 20th	\$15
Register July 21st – August 5th	\$20

T-shirts are reserved for pre-registered entries.

T-shirt size: (Circle one)

Adult: S M L XL XL XXL

Youth: XS S M L

Please make checks payable to:

Wren Sprague Memorial

Mail to:

1382 12th St.

Barron, WI 54812

I am unable to participate this year, but would like to make a donation to the Wren Sprague Memorial in the amount of \$_____.

Waiver must be read & signed: I enter the Wren Sprague Memorial run/walk knowingly and at my own risk, I waive and release any and all claims for damages I may incur as a result of my participation against the Town & Village of Almena, the Wren Sprague Memorial & Scholarship Fund, volunteers & race officials. I agree that the event may use any photographs taken of me without compensation. I am making this agreement and paying the entry fee in exchange for the privilege of participating at this event.

Participant’s signature (if under 18, parent’s signature required)

Date: _____



To remember & honor Wren’s life by donating financial support to the Pediatric Intensive Care Unit at Gillette Children’s Hospital, to make a difference in a child’s life, as well as providing a scholarship to two local high school students pursuing medical careers.