



izard county



Overall male/female winners will also receive a year supply of contacts through Progressive Eye Care Center



DAY-OF-RACE REGISTRATION BEGINS AT 7:00 A.M.

AT PROGRESSIVE EYE CARE CENTER ACROSS THE ROAD FROM THE COURT HOUSE

COURSE IS WELL MARKED & HAS MILE MARKERS
REFRESHMENTS AT FINISH

## For more information, contact:

Laura Lawrence – (870) 291-7340 Tess Weatherford- (870) 291-3749 Suellen Davidson – (870) 373-0601

Enter online: Hudson Race Timing

http://hudsonracetiming.com/upcomingevent/





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Mail To: Pioneer Day 5K c/o Single Parent Scholarship P O Box 1378 Melbourne, AR 72556

Make Checks Payable To: SPSF Pioneer Day 5K

Name:	(Please Print)
Email Address:	_
Phone Number:	-
Date of Birth Age Male Female (circle of	one)
T-Shirt size: Youth M Youth Lg Adult S Adult M Adult L Adult XL 5K Run/Walk (circle one)	(circle one)
RACE RELEASE MUST BE SIGNED AND SUBMITTED WITH REGISTRATION>> In consideration of the accepta undersigned, assume full and complete responsibility for any injury or accident which may occur during the event or premises of the event and I hereby release and hold harmless the sponsors, promoters and all other persons and this event or otherwise. I hereby grant full permission to any and all of the foregoing to use any of the foregoing, use or any other record of this event.	or while I am on the entities associated with
Signature of Participant or Parent of Minor Date	