John A. Logan College

THE ORTHOPAEDIC INSTITUTE OF SOUTHERN ILLINOIS

www.orthopaedicinstitute.com | 510 Lincoln Dr. Herrin, IL 62948 | P. 618.997.6800 F. 618.998.9635

Community Health Education Complex

SNOWMAN SHUFFLE

River to River Runners
TIMING AND RESULTS

Swim, Sauna, Shower
AFTER RACE

STINSON MEASURED COURSE

5K RUN / 5K WALK / 1MILE FUN RUN

JANUARY 4, 2014 - 9:30 a.m.

SPONSORED BY **The ORTHOPAEDIC INSTITUTE OF SOUTHERN ILLINOIS**

Sauna, Showers, Pool Use Until 1pm

FREE CHILI AFTER RACE

Event Location: John A. Logan College, Carterville, IL

Registration: 8 a.m. - 9 a.m., Community Health Education Complex Lobby & J102 Classroom

Cost: Adults - $15; Under 12 yrs - $12
5K Run/Walk $8 without shirt
Fun Run Free without shirt ($12.00 with shirt) - **Adults are encouraged to run with kids**
Checks payable to – John A. Logan College Foundation
Long sleeve technical shirt (first 150 entries–**registration by December 13th recommended)**

Awards: 5K Run and Walk, male and female, overall and top three places each age group:
(J120-122 Multi-purpose) *Under 15, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70+*
MUST BE PRESENT TO COLLECT AWARD ****NEW YOUTH AGE GROUP ADDED LAST YEAR****

Entries: ***Mail to John A. Logan College, 700 Logan College Road, Carterville, IL, 62918, Attention: Chris Georgantas***; or drop off at the Community Health Education Complex; For info call: 618-985-2828, ext 8504

Name _____ **Age**_____
(print legibly) **ALL ADULTS MUST SIGN RELEASE BELOW**

City_____ State_____ Zip_____ Phone(____)_____

5K RUN ☐ **5K WALK** ☐ **FUN RUN** ☐

SHIRT SIZE (ADULT SIZES) ☐ SM ☐ MD ☐ LG ☐ XLG ☐ XXLG ☐ **NO SHIRT** **Sex:** ☐**M** ☐ **F**

I hereby release John A. Logan College, all race sponsors, race officials and workers involved, from responsibility for any damages or injuries incurred during or arising out of participation in the Snowman Shuffle race and further state that I have trained for and am physically competent to participate in a race of this distance.

_____
Signature of participant *or parent/guardian if under 18 years of age (REQUIRED)* *Date*

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