

# 2009 TRISH DONNELLY-RUNNION MEMORIAL ROAD RACE

3.1 MILE (5K) RUN      1 MILE WALK or RUN

Sunday September 13, 2009

## Registration & Information

Races are held in conjunction with the Plymouth Fall Festival as a fundraiser for Breast Cancer Awareness and the Salem High School Cross Country teams. T-shirts to prepaid and race day entries while supplies last.

Parking available in Plymouth Cultural Center Parking lot. Courses = On City Streets (Please refer to Maps on back)

Starting lines on Farmer Street at Theodore. Finish area on Central Middle School Track.

Race Day Registration & Pre-registered packet pick up in Plymouth Cultural Center lobby or complete form below and mail with check payable to: *Trish Donnelly-Runnion Road Race*

*Trish Donnelly-Runnion Road Race*

*P.O. Box 700034*

*Plymouth, MI 48170*

*Information: Pat Donnelly @*

*(734) 495-9512 or (248) 474-3511*

*Website: [www.salemcrosscountry.org](http://www.salemcrosscountry.org) (Under RACE HOSTS)*

### **Races & Times of Importance**

Registration	7:00-8:00am
5 Kilometer Race	8:15am
1 Mile Fun Run	9:10 am
1 Mile Walk	9:10 am
Awards	9:30 am

### **Age Divisions (Please Circle Division)**

5K Age Divisions		
13 & Under	30-34	50-54
14-18	35-39	55-59
19-24	40-44	60 - 64
25-29	45-49	65 & Over

### **Entry Fees**

\$17.00 - If Postmarked Before 9/4/2009
\$22.00 - If Postmarked After 9/4/2009 & Race Day

### **Awards (Male & Female)**

* Custom Awards to Overall Male & Female Winners in the 5 Kilometer Run
* 5K Awards to top three registered winners in each Division.
* 1 Mile Awards to the top fifteen registered males & females under the age of fourteen (13)

**2009 Trish Donnelly-Runnion Memorial Run to Benefit Higher Education in the form of two Scholarships & Breast Cancer Awareness in the form of a Donation to St. Joseph Mercy Hospital**

### **RACE ENTRY FORM - PLEASE PRINT & SEND to ADDRESS ABOVE**

**OR EMAIL ENTRY WITH BELOW INFORMATION TO: [OBSPORTS@COMCAST.NET](mailto:OBSPORTS@COMCAST.NET)**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age (on 9/13/09): \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

(Please Check One Event) 1 Mile Walk \_\_\_\_\_ 1 Mile Run \_\_\_\_\_ 3.1 Mile Run \_\_\_\_\_

Email Address: \_\_\_\_\_ Shirt Size (Please Circle One): S M L XL

### **Waiver:**

In consideration of the acceptance of my entry, I, for myself, my executors, administrators and assignees do hereby release and discharge the Trish Donnelly-Runnion Foundation, Salem Cross Country Teams, the Township of Plymouth, the Plymouth Canton Community School District, its agents, representatives or affiliates and all other sponsors jointly and severally, for any and all claims of injuries or damages incurred by me in connection of said event. I attest and verify that I have full knowledge of the risks involved and am physically fit to participate in this event.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian if under 18 years: