



11th ANNUAL 5K RUN/WALK For Peter's Place SAT. October 6, 2018

This fundraiser is to benefit Peter's Place Foundation, NFP. This Christ Centered, non-denominational ministry is aimed at providing free long-term residential support for young men ages 18-28 who struggle with substance abuse and/or mental illness.

The purpose of the Annual Event is to raise funds for a Christ Centered Home of Recovery.

LOCATION and COURSE:

Moody Park at Longacre, 425 Ruby Lane, Fairview Heights, IL 62208

Timing by: Toolen's Running Start www.runningstartsports.com

DATE and TIME:

Rain or Shine! Sat. October 6, 2018 5:00 p.m. ~ Race Day Registration 3:30 - 4:30 p.m.

AWARDS: \$150 Cash Prize to Overall Top Male & Female Award Winners.

Medals to top three winners in each age group. Age groups: 11-13, 14-19, 20-29, 30-39, 40-49, 50-59, 60-69, 70 + All children 10 and under will receive a ribbon.

ENTRY FEES: PLEASE MAKE CHECKS PAYABLE TO: Peter's Place or Pay Online 6/1- 9/25/18

\$10 Early sign-up if postmarked by August 1st. After 8/1 - \$25 for regular & race day entries.

Children 10 and under FREE with registered paid adult. Late registration does not guarantee a shirt.

1/2 Mile Fun Run following 5k event. Kids 10 & under. \$10.00 Fee All participants receive a finishers medal.

INFORMATION: Registration forms are available online @ www.petersplacefoundation.org or at

Toolen's Running Start @ 3220 Green Mount Crossing, Shiloh, IL 62269

Music & Free Refreshments After the Race!

For more information please contact Sherry Koehl (618) 558-0757

Printing compliments of Zoom Copy Center, LLC 1600B N. Illinois St. Swansea, IL 62226 618-671-6590

Mail to: Peter's Place c/o 333 Covered Bridge Lane, Belleville, IL 62221 ~ Event Location: Moody Park at Longacre

NAME _____ ADDRESS _____ CITY/STATE _____

Phone _____ E-mail _____ Gender: M or F Age on 10/6/18 _____

Adult T-shirt Size (please circle one) S M L XL XXL Runner Walker Non-Participant Donation

Where did you hear about our event ? _____

Disclaimer/Waiver of Liability: I understand that running/walking a race is a potentially hazardous activity. I know that I should not enter a run/walk unless I am medically able and properly trained. I agree to abide by the decision of any race official relating to my ability to safely complete the race. I assume all risks associated with running/walking this event. Having read this waiver, my signature verifies that I understand these facts and understand that upon your acceptance of the application, the entry fee is non-refundable. I, myself and anyone entitled to act on my behalf, waive and release, Peter's Place Foundation, NFP and the city of Fairview Heights, Illinois, and all other persons, sponsors, volunteers, their representatives and successors from all claims or liabilities of any kind arising from my participation in this race. I also understand that some information may be used by the sponsors. I grant permission to all the foregoing to use any photographs, motion pictures, recordings or any other record of this race for any legitimate purpose.

SIGNATURE _____ DATE _____

(Participant or Parent if under age 18)