



Run for the Levy to support CCMRDD

Saturday, July 11, 2009 9:00 am

Batavia, OH

Join us on Saturday, July 11, 2009 at 9:00 a.m. at the Wildey Center in Batavia, OH for a 5K Run/Walk to benefit the Clermont County MRDD programs that support the children and adults with mental retardation and other developmental disabilities.

Course: 3.1 mile scenic run/walk starts and ends at the Wildey Center, 2040 US Highway 50, Batavia, OH 45103.

Run Divisions: 15/under, 16-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59 and 60/over.

Walk Divisions: 29/under, 30-39, 40-49, 50-59, 60/over.

Awards: Top male and female runners and walkers. Age group awards to top runners and walkers in each age division.

Post-Race: Refreshments and Music will be provided. Awards ceremony immediately following the race.

Pre-Registration: \$15. T-shirts are available for \$10. Mail-in Registrations must be postmarked by July 4th, 2009.

Online-registration: \$15. T-shirts are available for \$10. Online Registration is available through Thursday, July 9th.

Late/Race-Day Registration: \$20 without T-shirt. T-shirts are available for an additional \$10 while supplies last.

Race-Day Registration/Number Pickup: begins at 7:30 a.m. at the Wildey Center. .

Directions: I-275 to Route 50 East. The Wildey Center is about One Mile West of Owensville, OH

For race information, contact Greg McCormick (513) 652-6225

For complete information, course map, directions, on-line registration and results, visit:

www.RunningTime.net

CLERMONT MRDD RUN/WALK ENTRY FORM

Name: _____

Address: _____ City: _____ State: _____ Zip _____

Email: _____ @ _____ Phone: _____

Age (as of 7/11/09): _____ Sex: **M** **F** Race: **Run** **Walk** T-Shirt: **S** **M** **L** **XL**

Waiver: By signing this waiver, I assume all risk for participation in the MRDD Run on July 11, 2009. I release and hold harmless the Committee to Support People with Disabilities and the Clermont County Board of MRDD (and any/all of their respective employees or contractors for the day) from any responsibility for injury or damage to me or my property during the duration of registration through the end of the run.

Relevant medical conditions _____

Signature _____ Date _____

Parent's signature (for entrants under age 18) _____ Date _____

In case of medical emergency, contact: _____ Phone (____) _____ or put "at race"

Make Checks Payable To: Committee to Support People with Disabilities.

Mail to: c/o Greg McCormick, 10119 Crosier Lane, Cincinnati, OH 45242