

# THE DR. ERIC DUENO MEMORIAL 5K/10K RUN

Saturday, September 28, 2019 at 8:00 AM

Course will start on Cox Avenue, will continue through the Earl May Recreation Area and onto the Bainbridge Nature Trail. Registration/Package pickup will be at the Bill Reynolds Sports Complex 2 at 1350 Cox Avenue. Follow signs to parking lot past Humane Society on the right.

## ENTRY INFO

### PRE-REGISTRATION:

Adults: \$20.00

Youth (13 & under): \$15.00

\*Race shirts guaranteed

No Shirt option: \$10.00

Pre-registration deadline: Sept. 21, 2019

### RACE DAY REGISTRATION:

Adults: \$25.00 with shirt

Youth (13 & under): \$20.00 with shirt

\*Race shirts NOT guaranteed on race day

No shirt option: \$15.00

## RACE DAY

7:00am

Registration/Check-In

8:00am

Race Begins

## AWARDS

- Overall Male and Female
- Overall Master Male and Female
- 1st, 2nd and 3rd place in the following age groups:  
13 and under, 14-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70+

**\*PROCEEDS OF THIS EVENT WILL PROVIDE A \$1,000 COLLEGE SCHOLARSHIP TO A 2020 GRADUATING CROSS COUNTRY RUNNER\***

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender (circle one): Male Female

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ 5K or 10K (circle one)

E-Mail: \_\_\_\_\_

Shirt Size (please circle) YS YM YL AS AM AL AXL AXXL No Shirt

In consideration of your accepting this entry, I, the below signed, intending to be legally bound, for myself, my heirs, my executors and administrators, waive and release any and all rights and claims for damages I may have against the race, race officials, sponsors and their representatives, successors and assigns for any and all injuries suffered by me in said event. I attest that I will participate in this event as a footrace, that I am physically fit and sufficiently trained for the completion of this event. Furthermore, I hereby grant full permission to use my name and likeness, as well as any photographs and any record of this event in which I may appear for any legitimate purpose, including advertising and promotion.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian Signature (if under 18) \_\_\_\_\_

Please make check payable to:

Return this Form and Payment to:

Questions? Please email:

Date Received: \_\_\_\_\_

**Dr. Eric Dueno Memorial Run**

**Suzanne Angell, 142 Riverview Road, Bainbridge, GA 39817**

**sangell@swgrc.org**

Amount Paid: \_\_\_\_\_