



THE MESSENGER

SPREADING THE LIGHT
 SEPTEMBER 28, 2019
 5K RUN/WALK

Start Time:	Race:	Before September 16, 2019	On or after September 16, 2019
3:00 p.m.	5K Run/Walk	\$20/per person	\$25/per person

REGISTRATION INFORMATION:

COURSE: The course starts and finishes in the parking lot of St. Gabriel Church and School at 232 W 9th Street, Connersville. The course is an out and back that will head south and cross Western Avenue and go north onto West Western, travel in front of the factories, around the neighborhood, with the finish back at St. Gabriel Church and School.

AWARDS

- Trophies awarded to the overall Male and Female winners in both the run and walk.
- Male & Female Age group awards (1st, 2nd & 3rd) in the 5K in the following groups: 9 & under, 10-14, 15-19, 20-29, 30-39, 40-49, 50-59, & 60 and over.

RACE INFORMATION

- All participants who register by September 16th will receive a t-shirt. A limited number of shirts will be available for late and race day entries.
- Refreshments provided after the race.

For more information: Call 765-265-1061 or e-mail khouse@fayette.k12.in.us

Check in & Race Day Registration: St. Gabriel Catholic Church 2:00pm – 3:00pm

Name (Last) _____ (First) _____ (please write legibly)

Male Female Age (on day of Race): _____ Date of Birth (mm/dd/year) _____ / _____ / _____ (must have this for results)

T-SHIRT SIZE (Check one): YS YM YL AS AM AL AXL AXXL

I am registering for the (Check one): 5K RUN 5K WALK

Street Address (mailing) _____

City _____ State _____ ZIP _____

Phone (H) (____) - _____ (C) (____) - _____ Email: _____

I am entering this event with full knowledge that I could easily be hurt or face life-threatening injuries. I state that I have trained and am in proper physical condition and there is no medical reason that I should not participate in this event. I fully assume all risks of injury, illness or death, and release covenant not to sue, and discharge the RACE COMMITTEE, all volunteers, all actions, claims or demands for damages arising out of my participation in this event. The foregoing release is binding upon me personally, as well upon my heirs, executors, and administrators, and all members of my family, or anyone else who might make a claim on my behalf.

Signature _____ * Date ____ / ____ / ____

*(Parent or guardian must sign for any participants under the age of 18 years.)

Total Enclosed: \$ _____ Make checks payable to: St. Gabriel Church

Online Registration: WWW.STUARTROADRACING.COM * There is an additional fee to register online.

If registering by mail or in person, please print, complete & sign a separate registration form for each participant. – Sorry No Refunds.

By Mail: Messenger 5K Run/Walk
 % Laura Marszalek
 120 Ford Street
 Connersville, IN 47331

In Person: Christie Family Dentistry
 % Laura Marszalek
 2628 Western Ave.
 Connersville, IN 47331
 Monday – Friday 8:00am - 5:00pm