

**NORTHERN MICHIGAN
SPORTS MEDICINE CENTER'S**



July 16, 2011

STARTING TIME

5K Run/Walk & 10K Run start time 8:00 am

LOCATION

Race will start and end at Bay Front Park.

CHECK-IN

Bay Front Park at the waterfront, downtown Petoskey.

COURSE

5K run will travel up the Bear River Trail and return to the waterfront. 10K run will take you on the new pathway heading towards East Park.

AWARDS

5K run/walk and 10K run – overall male and female finishers in each division

DIVISIONS

5K/10K Run Divisions: 15 & under, 16-19, 20-24; 25-29; 30-34; 35-39; 40-44; 45-49; 50-54; 55-59; 60-64, 65-69, 70 & over

INFORMATION

231-347-9300

BENEFICIARY

Northern Michigan Cancer Crusaders

RESULTS

Awards Ceremony will follow race. Please arrange to have someone pick-up your award if you will not be at the award ceremony—awards will not be mailed.

ENTRY FEES

5K Run/Walk and 10K run: \$15.00 Postmarked by July 8, 2011 \$20.00 Late Registration
A t-shirt is guaranteed to all registered entrants before Friday July 8th at 5:00 pm. T-shirts cannot be guaranteed on race day or for those who register after July 8, 2011.

Please Make Checks Payable To:

NMSMC (Northern Michigan Sports Medicine)

Mail To: Northern Michigan Sports Medicine Center, 4048 Cedar Bluff Drive, Suite 2, Petoskey, MI 49770

Fax To: 231-347-1613 (fill in credit card information below) OR Register on line at www.northernmichigansportsmed.com - Registration fees are nonrefundable.

REFRESHMENTS

Beverages and fruit will be available after the race for all participants.

If you wish to make a donation to the Northern Michigan Cancer Crusaders **in the memory of or in honor of a loved one** that has been touched by cancer, a dedication sign will be created featuring their name and placed prominently along the race course. A \$10 donation is appreciated.

Dedication name: _____

In memory of *In honor of*

**Sports Medicine Center's Bear River Crawl
5K & 10K mile Run Saturday, July 16th, 2011**

PLEASE PRINT

LAST NAME _____ FIRST NAME _____

Address _____ City _____ State _____ Zip _____

Phone# _____ Date of Birth _____ Age _____ M _____ F _____

EVENT: _____ 5K RUN _____ 10K RUN _____ Dedication Sign _____

TOTAL AMOUNT ENCLOSED: \$ _____ MAKE CHECKS PAYABLE TO: **Northern Michigan Sports Medicine OR**

CREDIT CARD #: _____ / _____ / _____ EXP. DATE: _____ / _____ / _____

MAIL TO: **Northern Michigan Sports Medicine, 4048 Cedar Bluff Drive, Suite 2, Petoskey, MI 49770**

FAX TO: **231-347-1613**

In consideration of my participation in this event, I for myself, my heirs, executors, and administrators, waive all rights and claims for damages I may have against Northern Michigan Sports Medicine and its affiliates, the sponsors of this event, their agents, representatives, successors, and assignees for any and all injuries suffered by me at said event, or which may arise out of my traveling to, participating in, and returning from this event. I further state that I am in proper physical condition to compete in this event.

ALL PARTICIPANTS MUST SIGN WAIVER

SIGNATURE _____ DATE _____

E-Mail Address (PLEASE PRINT CLEARLY): _____

T-Shirt – XL _____ T-Shirt - L _____ T-Shirt – M _____ T-Shirt – S _____