



5K RUN/WALK



FOR SEXUAL ASSAULT AWARENESS AND PREVENTION

Saturday, April 25, 2009

9:00am start

Name: _____

Address: _____ City: _____ State: _____

Zip Code: _____

Email address: _____

Phone Number: _____

Age as of April 25, 2009: _____ Sex: _____

Shirt Size: S _____ M _____ L _____ XL _____ XXL _____ XXXL _____

*Same day registration allowed but to be guaranteed your choice of T-shirt size, return registration form by March 25th.

Release: With consideration of my entry into this event, I accept all responsibility of any injury that may occur with my participation. With that, I legally understand that I cannot not hold the event coordinators, programs or other participants responsible for any illness or injury. I assume all possible risks associated with this event. I also understand that fees are not refundable.

Signature _____ Date _____

Donation to the Sexual Assault Program of Beltrami, Cass, and Hubbard Counties: \$ _____

Registration Fee \$15.00: _____

Total enclosed: \$ _____

Make Checks Payable to and return completed forms to:

Sexual Assault Program
1819 Bemidji Ave Suite 3
Bemidji, MN 56601

Location:

The start and finish of the race will be at the Bemidji State University Gillett Recreation Center parking lot. The lobby, restrooms and showers will be available for use the day of the race.

The 5K will be held indoors at the Gillett Recreation Center if there is bad weather the morning of the race.

For more information:

Contact Kelly Brevig at kellybsap@yahoo.com

Or call the Sexual Assault Program: 218-444-9524 or 1-800-708-2727 or fax: 218-444-9527

*A huge Thank You to all the community members who helped us plan this event and also to all of our sponsors! It would have not been possible without you!