



SOLON BEEF DAYS FUN RUN

JULY 21, 2018

RACE TIME: 7:30 AM- 1 Mile & 5K

REGISTRATION:

Individual Pricing: Solon Students K-12 \$7.00 1 Mile.....\$10.00 5K.....\$15.00

Family* Pricing Option.....\$40.00; Add'l Family Member.....\$5.00

*(Family indicates 4 related individuals with the SAME primary residence)

Race Day Pricing: \$20.00 per person

*Online registration is available! www.beefdays.com

*Return the bottom portion of this form. T-shirt guarantee deadline June 30, 2018

*Friday Packet Pick-up and Registration: Main Street- Beef Days Booth 5 - 6:30pm

*Race Day Registration: St. Mary's Church parking lot. 6:30-7:15 a.m.

OTHER INFORMATION:

Restrooms: SRNA Restrooms, Lakeview Softball Stand, Parking Lot Portables

Course maps are available on the Beef Days website. Strollers welcome. Sorry- no dogs allowed.

Parking is available at the Solon Recreation and Nature Area.

AWARDS:

All participants are eligible for Door Prizes! (Must be present to win)

Prizes will be awarded to the top male & female finishers in each race

Medals to the top three male & female finishers in each age division

Age Divisions: 1 Mile – Under 5, 5-6, 7-8, 9-10, 11-12, 13-15, 16-18, 19 & up

5K – Under 15, 15-18, 19-29, 30-39, 40-49, 50-59, 60 & up

Make Checks Payable to "Solon Beef Days"; Mail to 621 Eastwood Dr. Solon, IA 52333

Name* _____ Age _____ DOB _____ Gender _____

Address, City, State _____

Email* _____

Shirt Size (circle one): Adult- Small Medium Large XL XXL Youth- Small Medium Large

Event (circle one): 1 Mile 5K Donations welcome! \$ _____

RELEASE: I hereby absolve and release the City of Solon and its employees, the Solon Beef Days Committee, and all other sponsors, race directors and volunteers from any liability or injury claims whatsoever incurred by or against me during the aforementioned event. By signing below, I am also signifying that I am in proper physical condition to participate in either the 5K Run or the 1-Mile Run. If, however, as a result of my participation, I require medical attention, I hereby give my consent to authorized medical personnel of Solon Beef Days Races to provide such medical care as is deemed necessary by such personnel.

Signature of Participant (parent/ guardian if under 18)

Participant/ Guardian Date