



THE 9TH ANNUAL GREY RIBBON CRUSADE 5K, 1 MILE AND KIDS RACE

visit: www.greyribbondubuque.org to learn more

- Date** Memorial Day - Monday, May 28th, 2018
- Time** 8:00 a.m. kids fun run, 8:20 a.m. 5k race, followed by a 1 mile race
- Place** Senior High School, 1800 Clarke Drive, Dubuque, IA. Participants will run or walk down Clarke Drive and finish on Dalzell Track. 1 mile races will be on the track.
- Cost** \$20.00 **prior to May 20th** and **card payments will be charged an additional \$1.00.**

ENTRIES AFTER MAY 20TH GET A SHIRT AS LONG AS SUPPLIES LAST

Registration is available the morning of the race from 6:30 to 7:30. Cost is \$25 (+\$1.00 for card payment)

Packet Pickup Race morning from 6:30 a.m. till 7:45 a.m. at Dalzell Track & Field Stadium

Entry Includes Post-race refreshments, official race shirt, and rest room facilities will be on site.

Prizes Medals will be awarded to winners of each age category.

ENTRY INFORMATION

Name _____

Address _____

City _____ **State** _____ **Zip** _____

Phone _____

E-Mail _____

Birthday ____/____/____

Gender Male Female

Event 5k 1 Mile Kids Run

Shirt (Adult Size) S M L XL XXL

No Shirt

Registration Fee	\$ _____
Additional Donations	\$ _____
Total	\$ _____
Please Make Checks Payable To Ram Booster Club Grey Ribbon	
Mail Entry To Grey Ribbon Crusade c/o Lisa Wittman 16674 Wittman Hamm Ct Dubuque, IA 52001	
Office Use	
Amount Rcvd: \$	Date: _____

WAIVER:

In consideration of the foregoing, I, for myself, my heirs, my executors, administrators, and assignees, do hereby waive and release any and all rights and claims for damages I have against the Grey Ribbon Crusade, its officers, directors, agents, and volunteers, Senior High School, City of Dubuque, and any and all participating supporters for all claims of damages, demands, actions whatsoever in any manner arising or growing out of my participation in said race known as the Grey Ribbon Crusade 5k. I attest and verify that I am physically fit and have sufficiently trained for the completion of this event and my physical condition has been verified by a licensed medical doctor.

Signature _____ **Date** ____/____/____

Parent Signature _____ (For participants under the age of 18)