SANDWICH PARK DISTRICT

Angie's SUGAR BUZZ Bakery

NORTHERN REHAB PHYSICAL THERAPY Specialists

Northwestern Medicine®

Donut/Doggie Dash 5K/10K Run/Walk

Sunday, Oct. 21st, 2018

FEE: Pre-registration fee is $28.00 paid by Oct. 8th. $35 after Oct. 8th to the day of the race. Net proceeds will go to support local food pantries and Growing Hope Worldwide.

SOUVENIR T-SHIRT: T-shirt is guaranteed by size if registered by Oct.8th after Oct. 8th, event shirts will be available while supplies last.

LOCATION: 1401 Suydam Road, Sandwich, IL 60548
(Race starts and finishes in the Sandwich Fairgrounds)

CHECK IN REGISTRATION: 7:30 am to 8:00 am.

START TIME: 10K Race (6.2 miles) - 8:30am START
5K Race (3.1 miles) - 9:00am START

CORPORATE SPONSORS: Sandwich Park District, Northwestern Medicine-Valley West Hospital, Northern Rehab Physical Therapy, and Angie's Sugar Buzz Bakery.

***COURSE:** Flat course on asphalt pavement, a few lengths on aggregate (limestone) paths. It will begin and end in the fairgrounds, with a portion of the run outside fairgrounds on city streets. Split times - Aid stations - Traffic control provided. Races will be "chip" timed by RealTiming Inc. Mile markers and stop watches on course. Bring your dog and have them run/walk with you. ***This is not a certified race.**

REFRESHMENTS: Angie's Sugar Buzz Donuts, Fruit and Water.

MEDALS: First male and first female Overall Finisher. First local (60548) male & female finisher. Awards to the first two finishers: Male and Female Divisions: 14 & under (must be with adult), 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64 and 65-69, 70-74, 75-79, 80-84, and 85 and Up.

NAME FIRST _____ LAST _____

AGE_____ BIRTHDATE_____ ☐ Male ☐ Female

ADDRESS_____ PHONE (_____)_____

CITY_____ STATE_____ ZIP_____

EMAIL:_____

ENTRY IN: Please circle one — 10K $28 (on/or before Oct 8th) | 10K $35 (after Oct. 8th to the day of the race) 173401-2 | 5K $28 (on/or before Oct 8th) | 5K $35 (after Oct. 8th to the day of the race) 173401-1

T-SHIRT SIZE: Please circle one (ADULT SIZES) S M L XL XXL

WAIVER: In consideration of acceptance of this entry, I hereby for myself, heirs, executors, and administrator, waive any and all rights and claims for damages I may have against the Sandwich Park District. I have been warned that I must be in good health to participate, and I attest and verify that I am physically fit and sufficiently trained for this event.

Signature: _____ *A Parent/Guardian must sign if participant is under the age of 18* Date: _____

Check one: Visa__ MasterCard__ Discover__ Cash__ Check #_____

__ __ __ __ -__ __ __ __ -__ __ __ __ -__ __ __ __ Exp._____-_____ CVV2# ___ ___ ___

Make checks payable to: Sandwich Park District

Mail entries to: Sandwich Park District, 1001 N. Latham St., Sandwich, IL 60548 **Rev. 083018**