



[teducationfoundation@gmail.com](mailto:teducationfoundation@gmail.com)

## Day and Knight Fitness Presents:

The 11<sup>TH</sup> ANNUAL SPIRIT OF MONTICELLO

5K WALK / RUN to benefit the Education Foundation of Twin Lakes

[www.spiritofmonticello.org](http://www.spiritofmonticello.org)

**When:** Saturday, June 23, 2018

Race Day Registration 6:45 – 7:45

Race Begins at 8:00

**Where:** Parking lot – Corner of Harrison & Illinois (United Methodist Church)

**Who:** 5k Run/Walk open to all age groups Male and Female

(Run) 10-Under, 11-14, 15-19, 20-29, 30-39, 40-49, 50-59 and 60&up

(Walk) 0-30, 31-45, 45-59, 60&up

Breakfast items and fruit bar for all participants after the race

**Prizes:** Top M/F finisher - Run / Walk and 3 awards in each age group



[dayandknightfitness@yahoo.com](mailto:dayandknightfitness@yahoo.com)

**574.583.2222**

### SPIRIT OF MONTICELLO 5K RUN/WALK

Pre-register by June 13<sup>th</sup> and return form and fee to:

DAY AND KNIGHT FITNESS  
\$20

210 NORTH MAIN STREET

MONTICELLO, INDIANA 47960

[dayandknightfitness@yahoo.com](mailto:dayandknightfitness@yahoo.com)

(574) 583-2222

ENTRY FEE -

After June 13<sup>th</sup> - \$25

CASH OR MAKE CHECKS PAYABLE TO:

Educational Foundation of Twin Lakes

### **SHIRTS for PRE-REGISTRANTS GUARANTEED. NO GUARANTEE DAY OF RACE**

NAME \_\_\_\_\_ AGE \_\_\_\_\_ DOB \_\_\_\_\_ SEX M F

SHIRT SIZE \_\_\_\_\_ YL, S, M, L, XL, (XXL ADD \$2) PHONE NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

Email Address \_\_\_\_\_

Please circle event you plan to Enter

5K run

5K walk

WAIVER (MUST BE SIGNED). I know that running/walking road race is a potentially hazardous activity. I should not enter this event unless I am medically able. I assume all risk associated with competing in this event, having read the waiver and knowing this facts and in consideration of your accepting my entry, I for myself, and anyone entitled to act on my behalf, waive and release the organizers and all sponsors, their representatives and successors from all liabilities of any kind arising out of my participation in this event even though that liability may arise out of negligence or carelessness on the part of persons named in this waiver. NO REFUNDS!!!

Signature: \_\_\_\_\_ Date \_\_\_\_\_

\*Form must be signed by race entrant. If entrant is under 18 years of age, a parent or legal guardian must sign form.