

X-Large

3rd Annual

Orthopedic Associates of Port Huron & Hanson's Running Shop

5k, 10k and a 1-mile fun run

Where: Run/Walk starts at Orthopedic Associates of Port Huron

940 River Centre Drive, Port Huron Questions: please call (810)985-4900

When: Saturday, August 14, 2010

Race day registration: 8:00 a.m.

Race starts at 9:00 a.m.

Features: Pre-registered participants will receive a race t-shirt,

refreshments, iPod gift raffle, and chip timing. Pre & post-race massage & stretching will be available

Awards: Overall male/female winners. Top 3 male and female

finishers in each age category.

Entry \$10.00 pre-registration received by August 2nd

\$15.00 after August 2nd fees:

About: Orthopedic Associates invites runners of all

> levels - from marathoners to casual runners to participate in this year's run. Participants are

welcome to walk the course, as well

Hansons Hosting their semi-annual "Shoe Fair"

Receive a 20% discount on same-day purchases. Running Shop:

For special apparel requests (i.e. shoe sizes,

clothing requests), please email

fastbob@wowway.com

Early Packet Pickup:

You may pick up your race packet, 6pm - 8pm at Orthopedic Associates (940 River Centre Drive)

on Friday, August 13th. OA will also be providing free biomechanical foot assessments and shoe wear recommendations from 6pm -8pm on

Friday, August 13th.

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Early		ort Huron & Hanson's Running Shop ssociates, received by August 2nd. After August 2nd \$15.00
Today's Date		Date of Birth
First Name		Last Name
Street Address		
Zip Code	Email Address	
○ Male	Please indicate race	
○ Female	○ 1 Mile ○ 5K	You can mail your registration form with payment or use our on-line bill pay feature at www.oaph.com . If using the on-line method, please use "fun run" as your account number.
T-shirt Size:	○ 10K	
○ X-Small		
○ Small		
○ Large	In consideration of my participating in this event, I for myself, my heirs, executors, and administrators,	

representatives, successors, and assignees for any and all injuries suffered by me at said event, or which may arise out of my traveling to, participating in, and returning from this event. I further state that I am in proper physical condition to compete in this event. I release the rights to any and all photographic materials and computer information the race committee may release from this event without obligation to me.

waive all rights and claims for damages I may have against the sponsors of this event, their agents,

Athlete Signature (or parent, if under 18):

Please enter your signature:

Mail to: Orthopedic Associates, PO Box 5031, Port Huron, MI 48060

Questions: Please call (810)985-4900