

2nd  
Annual

# Scary Halloween Hallow

5K Cross County Run and 1.5 Mile Fun Run



**Saturday, October 9, 2010**  
**Central Middle School, Port Huron, MI**

### Course:

- ⇒ 5K (3.1Mile) Cross County Course (the race will be ran on a true cross county course and will include a wooded area)
- ⇒ 1.5 Mile Fun Run & Stroll will also take participants through the scary wooded area (Costumes Encouraged)

### Start Times:

- ⇒ 5k will begin at 9am
- ⇒ Fun Run/Stroll Begins 9:30am (Costumes Encouraged)
- ⇒ Race will be time by [speedyraces.net](http://speedyraces.net)

### Entry Fees:

- ⇒ 5K Pre-Registration \$15.00 (Before 9/25/10)
- ⇒ 5K After 9/26/10 \$20.00
- ⇒ 5K Student Pre-Registration (under 19 years old) before 9/25/10 \$10.00
- ⇒ 5K Student After 9/26/10 \$15.00
- ⇒ 1.5 Mile Fun Run/Stroll Pre-Registration (Before 9/25/10) \$10.00
- ⇒ 1.5 Mile Fun Run/Stroll After 9/26/10 \$12.00
- ⇒ All Pre-Registration are guaranteed a shirt.

**Awards: Medal:** 1st-3rd each age group male/female  
**Plaque:** Over All Male/Female & Masters Male/Female  
**Participation Ribbons:** All Fun Run/Stroll Entries (will be given out at the finish line!)

**Age Groups:**  
Under 14, 15-19, 20-29, 30-39, 40-49, 50-59, 60and over

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Male     Female     5K Race     1.5 Mile Run     1.5 Mile Stroll

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Shirt size (Adult):     Small     Medium     Large     XLarge     XXLLarge

In consideration of my participating in this event, I for myself, my heirs, executors and administrators, waive all rights and claims for damages I may have against the sponsors of this event, their agents, 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 right to any and all photographic material and computer information the race committee may release from this event without obligation to me.

Athlete Signature (or parent if under 18): \_\_\_\_\_ Date: \_\_\_\_\_

Send Completed Form and Check Payable to PHHS Track to: Mike Pionk- PHHS 2215 Court St, Port Huron, MI 48060 810-984-2611 mpionk@port-huron.k12.mi.us

<http://home.comcast.net/~phhsrunning/>

Proceeds to support PHHS Cross Country & Track Programs