



# 1st Annual Shamrock Shuffle

Cass County Family YMCA  
Saturday, March 13, 2010  
9:00am



Entry Fee 3.1(5K) Mile Run : \$15 per runner on or before March 8th  
\$18 per runner March 9th and after

Entry Fee 3.1 Mile (5K) Walk: \$15 per walker on or before march 8th  
\$18 per walker March 9th and after

Entry Fee 1 Mile Run/Walk: \$10 per run/walker  
Race Day registration is available 7:30-8:30 AM (no exceptions) in the YMCA Gymnasium

## Awards For 3.1 Mile Runners and 3.1 Mile Walkers ( There will be separate awards for Runners and Walkers)

The age division awards are listed below.

12 & Under (1-2)	13-18 (1-3)	19-24 (1-3)	25-29 (1-3)	30-34 (1-3)	35-39 (1-3)
40-44 (1-3)	45-49 (1-3)	50-59 (1-3)	60+ (1-2)	Overall (M-F)	Overall Masters 40+ (M-F)



Long-Sleeve T-Shirts will be awarded to first 250 participants!!!!



Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: Male Female

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ DOB \_\_\_\_\_

Emergency Contact (during race) \_\_\_\_\_ Phone # \_\_\_\_\_

Check Event Entered:  5k Run  5k Walk  1 Mile Walk Please Circle Shirt Size: S M L XL

### Risk Acknowledgement and Hold Harmless Agreement

In consideration of acceptance of this entry, I waive for myself, my heirs, and their assigns any and all claims for damage against the Cass County Family YMCA, its sponsors, volunteers, the City of Logansport, and any designated representatives for any and all rights and claims for damages which I have or may hereafter obtain or suffer in connection with my participation in the Shamrock Shuffle 5k Run/Walk. I attest and verify that I have full knowledge of the risks involved in this event. I am physically fit and sufficiently trained to participate.

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

Mail Completed form to : Cass County Family YMCA 905 East Broadway, Logansport, IN 46947  
Make checks payable to :Cass County Family YMCA or register online at www.mattoonmultisport.com

