

Christ United Methodist Church

5K Run/Walk

1 Mile Fun Run

Saturday, May 9, 2009 at 8:00 a.m.

Sponsored by the Recreation Ministry of CUMC

Registration: Pre-register by mail, post-marked no later than Saturday, May 2, 2009. Race day registration begins at 6:30 a.m. in the CUMC gym located in the back of the church property at 6000 Old Canton Road, Jackson, MS 39211.

Cost: \$15.00 \$20.00 on race day (for both races) Family Maximum \$55.00

Awards & Age Groups: Award ceremony to be held in the church gym immediately following the 1mile run. A male/female winner in the overall, masters, grand masters, and SR. masters divisions will be given. Also, 1st, 2nd, & 3rd places in the following age groups will be awarded:
5K Run (female) 10 & under; 11-14; 15-18; 19-24; 25-29; 30-34; 35-39; 40-44; 45-49; 50 & over
5K Run (male) 10 & under; 11-14; 15-18; Same as above with added categories of 50-54; 55-59; 60-64; 65 & over
5K Walk 14 & under; 15-19; 20-29; 30-39; 40-49; 50-59; 60-69; 70 and over
1 Mile Fun Run Trophies awarded to overall male & female winners and 1st, 2nd, & 3rd places in these age groups: 0-5; 6-7; 8-9; 10-11; 12-13; 14-15

REGISTRATION FORM

CUMC 5K RUN

To register, please complete and return with payment to:

Christ United Methodist Church
c/o Betty Lynn Freeman
6000 Old Canton Road
Jackson, MS 39211

** All proceeds will be given
to Youth Summer Missions.*

5K Run () 5K Walk () One Mile Fun Run () ages 15 & under

Name _____ Phone _____

Address _____ City _____ State _____

Age _____ Male _____ Female _____

T-shirt size (circle one) AS AM AL AXL AXXL (\$2 extra charge) Youth: M L

(The first 200 registrants receive a T-shirt)

Waiver: In consideration of this entry acceptance, I, the undersigned as a participant in the CUMC 5K Run, waive any and all rights and claims for myself, heirs, executors and administrators of damages that I might have against Christ United Methodist Church, its members and volunteers, sponsors, Mississippi Track Club, and any officials which may indirectly or directly be connected with this race in case of any injuries, loss, or death sustained by my participation. I further state that I am in proper physical condition to participate and compete in the CUMC 5K Run, and I am not participating against doctor's advice nor am I taking medications that would deter my health in the participation of the race.

Participant's Signature _____ Date _____

Signature of Parent or Guardian if participant is under age 18 _____