




KIWANIS DIVISION 5 - 6th ANNUAL



Miracle Mile of Quarters Run

Kiwaniis is a global organization of volunteers dedicated to changing the world one child and one community at a time.

DATE: **Saturday June 11, 2011**
LOCATION: Children's Hospital Central California
9300 Valley Children's Place, Madera

Proceeds Benefit
Children's Hospital
Central California 

RACE DAY REGISTRATION: 6:00 AM. Make check payable to "Kiwaniis Division 5"
PRE-REGISTRATION BY MAIL (No Later Than JUNE 1). Mail to Address on entry form.



**1 MILE RUN (RUNNERS ONLY) IS A 20 POINT
"VALLEY RUNNER OF THE YEAR" SERIES EVENT**



- AWARDS for TOP 3 FINISHERS in each age bracket
- OVERALL TROPHIES for top Male & Female Runner in all 3 Races & the Walk

Bicycles & other prizes will be raffled after races are completed
Tickets are \$1.00-winner must be present to win

T-SHIRTS & WATER TO ALL PARTICIPANTS



Race	Age	Time	Entry Fee
Kids 1/2 Mile Run	7-9	7:00 AM	\$7.00/ Race Day \$10.00
Kids 1/4 Mile Run	1-6	7:05 AM	\$7.00/ Race Day \$10.00
1 Mile Run	10 and over	7:20 AM	\$15.00/ Race Day \$20.00
4 Mile Run	10 and over	7:35 AM	\$15.00/ Race Day \$20.00
2 Mile Run/Walk	10 and over	7:40 AM	\$15.00/ Race Day \$20.00

For More Information contact:

Race Director: Ken Takeuchi website: www.proracegoup.com Phone: 275-6318
 Kiwanis Co-Chair: Harvey Left email: nanocomm@sti.net Phone: 642-4507
 Website: www.oakhurstkiwanis.org
 Kiwanis Co-Chair: Herb Schwartz email: herb192@sbcglobal.net Phone: 227-7177

-----Cut & Mail-----

	<u>1/4 M Kids</u>	<u>1M Run</u>	<u>2M Walk</u>	<u>2M Run</u>	<u>4M Run</u>
Name	<input type="checkbox"/> 0-2	<input type="checkbox"/> 10-14	<input type="checkbox"/> 10-18	<input type="checkbox"/> 10-14	<input type="checkbox"/> 10-14
	<input type="checkbox"/> 3	<input type="checkbox"/> 15-19	<input type="checkbox"/> 19-39	<input type="checkbox"/> 15-19	<input type="checkbox"/> 15-19
Address	<input type="checkbox"/> 4	<input type="checkbox"/> 20-24	<input type="checkbox"/> 40-59	<input type="checkbox"/> 20-24	<input type="checkbox"/> 20-24
	<input type="checkbox"/> 5	<input type="checkbox"/> 25-29	<input type="checkbox"/> 60+	<input type="checkbox"/> 25-29	<input type="checkbox"/> 25-29
City, State, Zip	<input type="checkbox"/> 6	<input type="checkbox"/> 30-34		<input type="checkbox"/> 30-34	<input type="checkbox"/> 30-34
		<input type="checkbox"/> 35-39		<input type="checkbox"/> 35-39	<input type="checkbox"/> 35-39
Phone		<input type="checkbox"/> 40-44		<input type="checkbox"/> 40-44	<input type="checkbox"/> 40-44
Race Day Age		<input type="checkbox"/> 45-49		<input type="checkbox"/> 45-49	<input type="checkbox"/> 45-49
() -		<input type="checkbox"/> 50-54		<input type="checkbox"/> 50-54	<input type="checkbox"/> 50-54
Email		<input type="checkbox"/> 55-59		<input type="checkbox"/> 55-59	<input type="checkbox"/> 55-59
		<input type="checkbox"/> 60-64		<input type="checkbox"/> 60-64	<input type="checkbox"/> 60-64
	<u>1/2 M Kids</u>	<input type="checkbox"/> 65-69		<input type="checkbox"/> 65-69	<input type="checkbox"/> 65-69
Female <input type="checkbox"/> Male <input type="checkbox"/>		<input type="checkbox"/> 70-74		<input type="checkbox"/> 70-74	<input type="checkbox"/> 70-74
T-Shirt Size (adult sizes only)	<input type="checkbox"/> 7	<input type="checkbox"/> 75+		<input type="checkbox"/> 75+	<input type="checkbox"/> 75+
<input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> X-Large	<input type="checkbox"/> 8				
<input type="checkbox"/> XX-Large	<input type="checkbox"/> 9				

WAIVER: By accepting my entry, I waive and release forever any and all rights in claims for damages against the Kiwanis, Children's Hospital Central California, Madera County, sponsors, race officials and volunteers for any injuries suffered by me during this race. I am physically fit to participate and have full knowledge of the risks involved.

Signature (Parent or Guardian if under 18)

Date

Entry Fee Enclosed

Please return entry form and a check payable to **Kiwaniis Division 5**
Mail to: **Kiwaniis Division 5, P.O. Box 650, Coarsegold, CA 93614-0650**