



KIWANIS DIVISION 5 - 12<sup>th</sup> ANNUAL



Miracle Mile of Quarters Run

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

DATE: Saturday June 10<sup>th</sup>, 2017  
 LOCATION: Valley Children’s Hospital  
 9300 Valley Children’s Place, Madera



RACE DAY REGISTRATION: 6:00 AM. Make check payable to “Kiwanis Division 5”  
 PRE-REGISTRATION BY MAIL (No Later Than JUNE 2<sup>ND</sup>). Mail to Address on entry form.



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



Chip timing / scoring

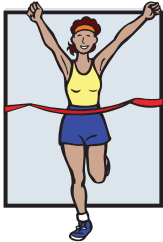
- AWARDS for TOP 3 FINISHERS in each age bracket
- OVERALL TROPHIES for top Male & Female Runner in all 3 Races & the Walk



Talley Timing, Inc

T-SHIRTS & WATER TO ALL PARTICIPANTS

Race	Age	Time	Entry Fee
Kids ½ Mile Run	7-9	7:00 AM	\$10.00/ Race Day \$15.00
Kids ¼ Mile Run	1-6	7:05 AM	\$10.00/ Race Day \$15.00
**1 Mile Run**	10 and over	7:20 AM	\$25.00/ Race Day \$30.00
4 Mile Run	10 and over	7:35 AM	\$25.00/ Race Day \$30.00
2 Mile Run/Walk	10 and over	7:40 AM	\$25.00/ Race Day \$30.00



For More Information contact:  
 Race Director: Ken Takeuchi    website: [www.proracegroup.com](http://www.proracegroup.com)    Phone: 275-6318  
 Kiwanis Chair: Harvey Left    email: [nanocomm@sti.net](mailto:nanocomm@sti.net)    Phone: 642-4507  
 website: [www.oakhurstkiwanis.org](http://www.oakhurstkiwanis.org)  
<https://runsignup.com/Race/CA/Madera/MiracleMileofQuartersRun>

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



	¼ M Kids	1M Run	2M Walk	2M Run	4M Run
Name	<input type="checkbox"/> 0-2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 10-14 <input type="checkbox"/> 15-19 <input type="checkbox"/> 20-24 <input type="checkbox"/> 25-29 <input type="checkbox"/> 30-34 <input type="checkbox"/> 35-39 <input type="checkbox"/> 40-44 <input type="checkbox"/> 45-49 <input type="checkbox"/> 50-54 <input type="checkbox"/> 55-59 <input type="checkbox"/> 60-64 <input type="checkbox"/> 65-69 <input type="checkbox"/> 70-74 <input type="checkbox"/> 75+	<input type="checkbox"/> 10-18 <input type="checkbox"/> 19-39 <input type="checkbox"/> 40-59 <input type="checkbox"/> 60+	<input type="checkbox"/> 10-14 <input type="checkbox"/> 15-19 <input type="checkbox"/> 20-24 <input type="checkbox"/> 25-29 <input type="checkbox"/> 30-34 <input type="checkbox"/> 35-39 <input type="checkbox"/> 40-44 <input type="checkbox"/> 45-49 <input type="checkbox"/> 50-54 <input type="checkbox"/> 55-59 <input type="checkbox"/> 60-64 <input type="checkbox"/> 65-69 <input type="checkbox"/> 70-74 <input type="checkbox"/> 75+	<input type="checkbox"/> 10-14 <input type="checkbox"/> 15-19 <input type="checkbox"/> 20-24 <input type="checkbox"/> 25-29 <input type="checkbox"/> 30-34 <input type="checkbox"/> 35-39 <input type="checkbox"/> 40-44 <input type="checkbox"/> 45-49 <input type="checkbox"/> 50-54 <input type="checkbox"/> 55-59 <input type="checkbox"/> 60-64 <input type="checkbox"/> 65-69 <input type="checkbox"/> 70-74 <input type="checkbox"/> 75+
Address					
City, State, Zip					
Race Day Age					
( ) -					
Phone					
Email					
Female <input type="checkbox"/> Male <input type="checkbox"/>	<input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9				
T-Shirt Size (adult sizes only)					
<input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> X-Large <input type="checkbox"/> XX-Large					

**WAIVER:** By accepting my entry, I waive and release forever any and all rights in claims for damages against the Kiwanis, Valley Children’s Hospital, 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 **Kiwanis Division 5**  
 Mail to: **Kiwanis Division 5, P.O. Box 650, Coarsegold, CA 93614-0650**