

GEORGE BALLARD MEMORIAL 5K RUN & 2 MILE WALK

THOMAS MITCHELL DAYS, MITCHELLVILLE, IOWA

SEPTEMBER 21, 2019

8:00 A.M.

Mitchellville City Park

SPONSORED BY MITCHELLVILLE FAMILY CHIROPRACTIC

For years Mitchellville resident, George Ballard, helped to organize this event as part of the Thomas Mitchell Days celebration. This is the 16th year we have chosen to honor George's life by having this event in his name. Please join us for a fun event honoring the life of George Ballard.

Start/Finish: City Park, 2nd and Oak Ave NE

Course: All paved roads with a few rolling hills

Awards for runners: Women & men overall (5K) First & second place in each age group for 5K

Age groups for runners: 13 & under, 14-19, 20-29, 30-39, 40-49, 50 and over

Awards for walkers: First and second in 2 mile walk (no age group divisions)

Registration Fee: Runners & Walkers: \$10.00 no shirt \$20.00 includes performance shirt.

Must register by Sept. 11 to receive a shirt

Pre-register by mail or race day from 7:00-7:45 a.m. Those registering on race day will not receive a shirt. **Anyone wanting a shirt, must have registration in by Sept 11.**

Make checks payable to Thomas Mitchell Days, George Ballard Run

Mail checks and registration form to: Kristy Ballard, 645 Strathmoor Dr., North Liberty, IA 52317

ENTRY FORM:

Please use back or another sheet if registering for more than one;

Name _____ Event: 5K _____ Walk _____

Address: _____ City _____ Zip _____

Phone _____ Age on 9-21-19 _____ Gender (circle) M F

E-mail _____

Runners / Walkers: I want a shirt: Adult S M L XL 2X 3 X (2x & 3x \$2.00 extra)

Youth shirt: (Youth shirts 100% cotton) 6-8 10-12 14-16 I do not want a shirt

All participants must sign this waiver;

Waiver: I hereby, for myself, my heirs, my executors, administrators waive all rights and claims for damages I may have against individuals, and it's agencies associated with this event, representatives, successors and assigns for any all injuries suffered by me in conjunction with said event. I attest that I have full knowledge of the risks involved in this event and am physically fit to participate.

Participant Signature: _____ Date _____

Parent signature if under 18 _____ Date _____