

Campbell County YMCA AL SALVATO MEMORIAL FROSTBITE FIVE RUN (5 Miles)

When: Tuesday, **January 1, 2008**
Time: Race begins at **10:30am**
Race Day Registration begins at 9:00am

Where: Start and finish at the Campbell County YMCA

Fees: \$20 Pre-Registration, \$25 after **December 20th**
Pre-registration forms should be postmarked by Friday,
December 20 and online registration is available until
Thursday, December 27.

NEW All participants will get a technical shirt

Online Registration available at www.sprunning.com

Sponsored by:



www.metersandmiles.com

Divisions: Male and Female: 14/under, 15-19,20-29,30-39,40-49,50-59,60-69, 70/over. Clydesdale & Athena divisions for running only. **NEW** Competitive 5 Mile Walking 29/under, 30-39, 40-49, 50-59, 60 and over. Special Overall Awards for the first male and first female runners. Course open for 90 min.

Results: Available at www.sprunning.com

Why: Al Salvato began this race years ago as a way to raise money for the Campbell County YMCA's scholarship program. Al tragically past away in 2006 and this race is to honor his life as well as continuing the tradition to raise money to ensure that no one is ever turned away from the YMCA due to inability to pay.

Questions: Contact Brad Kinkema at (859) 781-1814 or Bkinkema@cincinnatiymca.org

Send completed form and check to:

Campbell County YMCA
1437 S. Ft. Thomas Ave
Ft. Thomas, KY 41071

First Name _____ **Last Name** _____

Street Address _____

City _____ **State** _____ **zip** _____

Age (as of race day) _____ **Male/ Female (circle one)**

E-Mail _____ **Phone Number** _____

Walker **Runner** **Clydesdale/Athena (runners only)**

Shirt Size S M L XL

Waiver: In consideration of the acceptance of my entry, I hereby waive on behalf of my heirs, executors and assigns, all claims of any nature arising from my participation in the 2008 Frostbite 5 Race, and do hereby release the Campbell County YMCA, the City of Fort Thomas, Campbell County, Steve Prescott and all sponsors, workers, officials and volunteers from any claim whatsoever arising from my participation in this event. I agree to abide by all the rules for participation, and acknowledge that the Race Committee may refuse or return my entry at its discretion. I HAVE NOTED ANY MEDICAL CONDITIONS on the reverse side of this form.

Entry Signature _____

Date: _____

Parent's Signature (required of entrants under 18) _____

Date: _____

Emergency Contact _____

Phone: _____

