

# 5<sup>th</sup> Annual Cardinal Greenway Run / Walk Series

**Saturday, April 30**

**5K Run  
5K Walk**



Brought to you by Delaware County  
Health Department



**Saturday, June 18**

**10K Run  
5K Walk**



**Thanks to our Run Sponsors**

**Saturday, October 8**

**Red-tail 15K Run  
4 Mile Walk**



No Refunds or Rain Dates – No Pets Please

Start at Wysor Street Depot  
7:00 a.m. Registration  
8:00 a.m. Kids Fun Run  
8:30 a.m. 5K Competitive Run  
8:35 a.m. 5K Non-Competitive Walk

**Pre-register by April 22**

Start at Wysor Street Depot  
6:30 a.m. Registration  
7:30 a.m. 10K Competitive Run  
7:30 a.m. 5K Non-Competitive Walk

**Pre-register by June 10**

Start at Medford Trailhead  
8:00 a.m. Registration  
9:00 a.m. 15 K Run  
9:00 a.m. 4 Mile Non-Competitive Walk

**Pre-register by September 30**

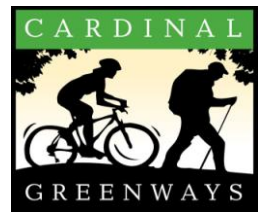
### Race Registration

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ Email : \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Sex:  Male  Female Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age on date of event \_\_\_\_\_



### Fun Run Registration

Child's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Age: \_\_\_\_\_

Adult's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

- |  |              |                 |
|--|--------------|-----------------|
| <input type="checkbox"/> Series 5K Walk/Run; 10K Run; 15K Run Register by April 22 | \$50.00      | _____           |
| <input type="checkbox"/> 5K Walk/Run April 30 Pre-Register by April 22             | \$20.00      | _____           |
| <input type="checkbox"/> Kid's Fun Run April 30 Pre-Register by April 22           | \$ 4.00      | _____           |
| <input type="checkbox"/> 10K Run June 18 Pre-Register by June10                    | \$20.00      | _____           |
| <input type="checkbox"/> 15K Run October 8 Pre-Register by September 30            | \$20.00      | _____           |
| <input type="checkbox"/> Late Registration Fee (Race only)                         | \$ 5.00      | _____           |
| <input type="checkbox"/> I wish to support the Greenway with my donation           |              | \$ _____        |
|  | <b>Total</b> | <b>\$ _____</b> |

Credit Card Payment  Visa  MasterCard  Discover Card # \_\_\_\_\_

Print name as it appears on card \_\_\_\_\_ Expiration Date: \_\_\_/\_\_\_/\_\_\_

Send entry form and payment to: Cardinal Greenway, 700 E Wysor Street, Muncie, IN 47305

Visit our website [www.cardinalgreenways.org](http://www.cardinalgreenways.org)