

# THIRD ANNUAL TRUMBULL COUNTY FOP #137

## RUN WITH THE DEPUTIES 5 K DASH

1 Mile walk, 1/4 Mile Kids Fun Run around Court House



**Proudly Supports the USO of Northern Ohio**



**Date:** June 13, 2015 9:00 AM  
**Where:** Downtown Warren - Courthouse Square  
**Registration:** Online Registration: [www.gopherarun.com](http://www.gopherarun.com)  
 Race Day Registration 7:30-8:45 AM, 8:45 Walk, 9:45 Kids Run  
**Cost:** \$15.00 Race Day Registration \$17.00, Walk \$10.00, Kids Free  
**Awards:** All runners and Walkers received a t-shirt, All Kids receives medals  
 Top four overall men and women  
 Top four each Police, Fireman, Military, Veteran and TCSO member  
 Only one award per winner  
**There will be a team competition consisting of 5 runners.**  
**Cross Country format will be used in determining team winners.**  
**Medals to top three team 2 Divisions, one open and one high school.**

**Age Groups:** 14 & Under, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70 plus Top 3 in each, All Groups

**Information:** [www.gopherarun.com](http://www.gopherarun.com) or Call Donald Hyde at 330-240-3750 or e-mail [DHYDE454@aol.com](mailto:DHYDE454@aol.com)

**"Proceeds Support USO Northern Ohio"**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ email address \_\_\_\_\_

Sex M F (Circle) T shirt size S M L XL (Circle)

Team Name \_\_\_\_\_ Team Captain \_\_\_\_\_

Which Division Open High School Police \_\_\_\_\_ TCSO \_\_\_\_\_

(please check) 5K Walk Kids Fire \_\_\_\_\_ Veteran \_\_\_\_\_

Military \_\_\_\_\_ Branch \_\_\_\_\_

Team Members \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Did you "Run For A Lung" 4/4/15?**  
All team members must pay the entry fee and also fill out an entry form.

In consideration of acceptance of the entry of this person named above, I the undersigned, on behalf of myself, my heirs, executors, administrators, and assigns, hereby waive any and all claims for damages or claims of any nature which arise, either directly or indirectly, out of participation in this event against all race, sponsors, promoters, and race officials and their representatives, I acknowledge that I am aware of the risks involved in participation in such and event and represent to the sponsors that the participant is physically fit and sufficiently trained to participate in the event.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent signature if under 18 \_\_\_\_\_ Date \_\_\_\_\_

Register online at [www.gopherarun.com](http://www.gopherarun.com) or return this form to FOP #137 454 Laurelwood Warren, OH 44484. Make Checks payable to: **FOP #137**