25th Annual Labor Day 4-Mile Run & 2-Mile Walk

presented by KIWANIS CLUB of NEWTON FALLS, OHIO 44444

Monday, September 1, 2014 9:00AM

with the support of Trumbull County Tourism Bureau

Race-Day Sign-In: 8:00 - 8:45AM at Faces Lounge, 13 West Broad St. (State Route 534), Newton Falls, OH 44444

Awards: The awards ceremony begins at 10:00AM inside Faces Lounge. Winners must be present to claim award. The **top three** Men & Women 4-mile runners in each of the following age groups will receive an award:

15 & under, 16-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70+

Overall Men & Women 4-mile runners:	1st Place $100.00	2nd Place $50.00	3rd Place $25.00
Masters (40+) Men & Women 4-mile runners:	1st Place $100.00	2nd Place $50.00	3rd Place $25.00

A complimentary post-race pasta meal will be available for all participants! As well as massages!

*****NEW Race Route***** A map of the 2014 race route is posted on our Facebook page, and the Kiwanis website.
Find us on Facebook: Newton Falls Annual Labor Day Run/Walk
For More Information email: 44444LaborDayRace@gmail.com or call Cassie at **330-219-9321**

Online Registration available at **www.gopherarun.com** . Online registration cut-off date is **Friday, August 29th**.
To register by mail, we must receive this entry form **BY August 25th**, 2014. Mail to, and make checks payable to:
Kiwanis Labor Day Race, 225 Maple Street, Newton Falls, OH 44444

ONE (1) participant per entry form.

Choose your race option: _____ 4-mile Run _____ 2-mile Walk (not chip timed)

ENTRY FEE: _____ $**20 pre-registration**, received before or on August 25th, with Dri-Fit shirt
_____ $**20 pre-registration**, received between August 26th – 29th, with regular T-shirt
_____ $**25 day-of-race registration**, no shirt
_____ $5 kids 12 & under can only register day-of-race, no shirt

Circle your shirt size: S M L XL XXL (add $3) XXXL (add $3) No Shirt (I donate this cost to the race)

FIRST NAME: _____ LAST NAME: _____

AGE ON RACE DAY: _____ SEX: M F

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ EMAIL: _____

PLEASE NOTE: Course is timed and monitored by police/volunteers for 1 hour after race start time.

In consideration of your accepting this, I hereby for myself, heirs, executors and administrators waive and release any and all rights and claims for damage I may have against Newton Falls Kiwanis, Faces Lounge, The Village of Newton Falls, all Race Sponsors, Successors and assigns for any and all injuries suffered by me in the event. I further attest and certify I am physically fit and am sufficiently trained for competition in this event. All fees are non-refundable.

Parent of Guardian must sign for participants under 18 years of age.

Signature: _____ Date: _____

Race listed on: www.gopherarun.com, www.runnersworld.com, www.exploretrumbullcounty.com