



Southwest Minnesota
Honor Flight Fundraiser
Saturday, April 17, 2010
Murray County Fair Grounds, 4-H Bldg

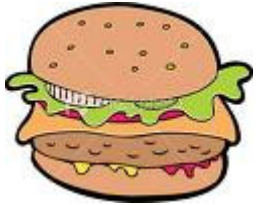
9:30am 5K Fun Run/Walk Registration

Race Start Time: 10:00am Runners; 10:10am Walkers

Race Route: Starts and ends at Murray County Court House, 2605 Broadway Ave, Slayton, MN 56172

Race Categories: 12yrs & under/ 13-18 yrs/ 19-35 yrs
36-49 yrs/ 50+ years, prizes for each

COST= \$15/ Entrant or \$40/ Family (family discount for immediate family members only, limit of 4).



11am-1pm: Burger Feed

- \$5 for Burger, Chips, Bar and Beverage
- Take-outs Available!

11:30am- 12:00pm Program

- WWII/ Veteran Recognition
- Race Winners Announced

 **Music provided by the Country Gentleman.**

To register or for more information:
email: wellness@murraycountymed.org
or call: (507) 836-1245.



Safety Camp
Wall of Honor

All proceeds raised go towards the Southwest Minnesota Honor Flight and are tax deductible.



**Murray County Wellness Team
5K Fun Run/Walk
Honor Flight Fundraiser
Saturday, April 17, 2010**

NAME: _____ PHONE: _____

ADDRESS: _____ CITY: _____ ZIP: _____

AGE: _____ BIRTHDATE: _____ GENDER: _____

To guarantee your Long Sleeve T-shirt size, registration must be received by March 17th.
Please circle shirt size:

Youth Youth Adult Adult Adult Adult Other: _____
Small Medium Small Medium Large X-Large _____

*Additional t-shirt sizes may be available. Please specify if you would like a different size. The earlier we receive your information, the better chance you have of getting the size you want!

Release and Waiver Statement

In Consideration of the acceptance of this entry in the Fun Run/ Walk, I release Murray County Wellness Team, SW MN Honor Flight, and race directors, any sponsor of the race and their members from all actions, claims and demands of any kind and nature that may arise from or in connection with my participation in any aspect of the run/walk. I accept the risks involved and waive all rights of any kind. To the best of my knowledge, my physical condition is adequate to compete safely in a distance race and that no physician has advised me against participating in such an event. I sign on behalf of myself:

Signature of Entrant: _____ Date: _____

If under 18, Parent/ Guardian Signature: _____ Date: _____

Please send registration form and \$15 fee (checks made to: Southwest MN Honor Flight) to Murray County Medical Center, ATTN: Wellness Team, 2042 Juniper Ave, Slayton, MN 56172.