



September 17, 2011

Registration at 7:00 a.m.

Starting Times:

10K 8:30 a.m.

5K 8:35 a.m.

2 Mile Walk 8:40 a.m.

Online Registration: Active.com

Printable Application: smileymiles.com

Presented by:



**DEVELOPMENT
FOUNDATION**

Humility of Mary Health Partners

Race Packet Pick-up

Early packet pick up will be on Sept. 16 in the lobby of Partners for Urology Health, 6262 Mahoning Ave., Austintown, Ohio from 3 to 6 p.m. Race day packet pick-up will be at Wick Recreation Area in Mill Creek Park in Youngstown starting at 7:00 a.m.

Race Location:

All three events will start and end at the Wick Recreation Area.

Awards:

10K – Top three overall male and female.
Top three males and top three females in each age group.

Age Groups:

15 & under; 16-19; 5 year age groups 20 thru 69;
70-79; and 80 & over

Give-a-ways guaranteed for the first 250 racers!

For additional information, contact:

Lorilyn Shandor at 330.729.1188 or
e-mail lorilyn_shandor@hmis.org

Mail completed form and entry fee to:

HMHP Development Foundation
250 DeBartolo Place, Suite 2570
Boardman, OH 44512

Checks should be made payable to:

HMHP Development Foundation

REGISTRATION

Entry Fee: 10K/5K (circle event you are entering)
_____ \$17 – Early registration (on or before 9/14/2011)
_____ \$20 – Race Day Registration

2 Mile Awareness Walk

_____ \$10

_____ I am a prostate cancer survivor! (Registration fee waived)

_____ I am participating in memory/honor of a friend/family member who has/had prostate cancer

Who _____ Relation _____

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

Age on race day _____ Date of Birth _____ Sex M F

Shirt Size: S M L XL XXL

I know that running a road race is a potentially hazardous activity. I should not enter unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to safely complete the run. I assume all risks associated in running this event including, but not limited to: falls, contact with other participants, effectors of the weather, traffic, and conditions of the road, all such risks being known and appreciated by me. Having read this wavier and knowing these facts and in consideration of you accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release Humility of Mary Health Partners, the HMHP Development Foundation, the City of Youngstown, all partners, sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event.

Signature _____ Parent's signature (if under 18) _____

I acknowledge event photos can be used in future promotions of this race and other HMHP activities.