

GREENCASTLE PARKS & RECREATION DEPARTMENT

Roderick M. Weinschenk, Director

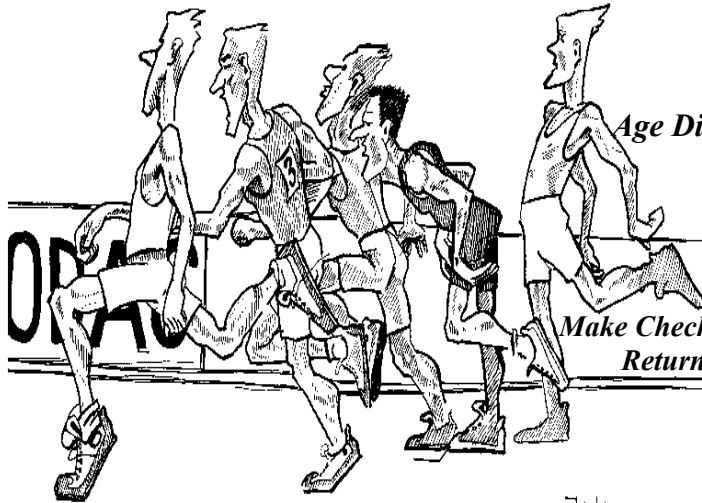
405 South Bloomington Street, Greencastle, IN 46135

Telephone: 765-653-3395

E-Mail: rweinschenk@cityofgreencastle.com

Mike Rokicki Memorial Road Run *The 19th Annual 5K Run & Walk*

Start your Independence Day Celebration with a "Bang!" and an early morning jaunt through the streets of Greencastle. Named in honor of long-time councilman, supporter, sponsor and friend, this year's Mike Rokicki Memorial Road Run will be the 19th Annual Castle Classic 5K event and is sponsored by the Rokicki Foundation. Registration forms are available at Greencastle City Hall, Bright Futures, Putnam County Library, Putnam County Health Department, Greencastle Aquatics Center and the Greencastle Parks & Recreation Department in Robe-Ann Park. Registration forms will be accepted the morning of the race. The first 50 participants with paid registration will receive a race t-shirt in memory of Mike Rokicki.



When: Saturday, July 3rd, 2010

Time: 7:00 a.m. Registration, 8:00 a.m. Start

Where: Robe-Ann Park, Shelter #5

Event Divisions: Runners & Walkers

Age Divisions: 19 & Under, 20-29, 30-39, 40-49, 50 & Over

Hardware: 3 places in each event and age division

Fee: \$15.00 per person, \$20.00 day of event

Pre-Registration Deadline: Friday, July 2, 4:00 p.m.

REGISTRATION INFORMATION

Make Checks payable to: Greencastle Parks & Recreation Department

Return this form to: Greencastle Parks & Recreation Department

City Hall, One North Locust Street

Greencastle, IN 46135

For more information, dial: 765-653-3395

Event Division (please circle appropriate category): **Runner** or **Walker**

Runner's Name: _____ Shirt Size: S M L XL XXL

Address: _____ Telephone: _____

City: _____ State: _____ Zip: _____

E-mail: _____

Gender: Male or Female Age (as of July 4, 2009): _____ Birthdate: _____

I understand that by participating in this type of sporting event, injuries may occur, including but not limited to muscle strains, sprains, bone breaks, paralysis and/or even death. I forever release the City of Greencastle, event sponsors, employees and volunteers from any responsibility in case of injury, illness or death to myself, son, daughter or ward while participating in this event; and give permission to seek medical attention on my/their behalf, if needed. Furthermore, I hereby give consent that any photograph or likeness of myself/child taken in connection with my/their participation in this event may be used by the City of Greencastle for publicity and/or recognition purposes, including but not limited to publication on the City's website, brochures posters and/or press releases.

Participant's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

(if participant is under 18 year's of age)

For office use only _____

Date Received: _____ Amt Paid: _____ Cash: _____ or Check # _____ Receipt # _____

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**For additional information, please contact:
Greencastle Parks & Recreation Department
765-653-3395**