



Thumbs Up for Bill

Memorial 5K and 1 Mile Run/Walk

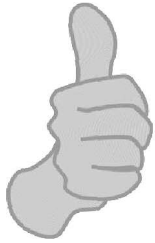
SATURDAY, NOVEMBER 17, 2018



8 a.m. (Registration opens at 7 a.m.)

Join us for our 8th Annual Memorial 5K for Dr. Bill Gasparrini, a dear friend taken by cancer.

All proceeds will benefit Bill Gasparrini's Choice Charity: Memorial Hospital's Oncology Special Needs Patient Fund



GENERAL INFORMATION

\$15.00 for all pre-registered postmarked by November 6th to guarantee a T-shirt.

\$20.00 for all on race day.

\$10.00 for all children in the 1 mile Health/Run Walk

AWARDS

T-SHIRT GUARANTEED TO ALL PRE-REGISTERED

Awards go to the First Overall Male and Female, First Masters Male and Female, First Grand Masters Male & Female, First Seniors Male & Female, and to the top three (3) in these age groups:

MALE & FEMALE: 12 & Under, 13-18, 19-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70 and Over.

Awards for first three Male & Female Racewalkers
1 Mile – Top 3 Male & Female (10-12) & (9-under)

STARTING TIME

5-K – 8:00 A.M.

1 Mile – 8:45 A.M.

Registration begins 1 hour before race time.

RUN STARTS AND FINISHES AT
RUN-N-TRI COMPANY
9138 CARL LEGETT ROAD
GULFPORT, MS



FOR MORE INFORMATION CONTACT:

www.GulfCoastRunningClub.org
228-380-7037
ED WHEELER 228-860-2071
ewheel@bellsouth.net

Registration Form

T-SHIRT SIZES

- Small Medium
- Large X-Large
- Child Medium

Complete and Mail with Registration Fee
Make Check Payable to: G.C.R.C.
Memo: Thumbs Up
\$15 Pre-Registered - \$20 Race Day
www.RacesOnline.com



Gulf Coast Running Club
PO Drawer 3569
Gulfport, MS 39505

Name _____ Age _____ Birthdate _____ Sex: M F

Address _____ City _____ State _____ Zip _____

Daytime Phone _____ Evening Phone _____ Email _____

I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with running in this event including, but not limited to: falls, contact with other participants, the effects of the weather, including heat and/or humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the RUN-N-TRI Company and Memorial Hospital of Gulfport and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participating in this event. I grant permission to all of the foregoing to use any photographs, motion pictures, recording or any other record of this event for any legitimate purpose.

Signature (Parent or Guardian if under 18) _____ Date _____