



**The Haldon Dodway Veterans Scholarship
5K Cross Country Run-Walk**

**On the Campus of Terra Community College
Saturday, October 2, 2010**

Registration begins at 7:30 a.m. • Run/Walk begins at 9:00 a.m.

**Pre-Register by September 3. Please send checks payable to: Terra College Foundation, 2830 Napoleon Road, Fremont, OH 43420
Attn: Christina Bratton**

Pre-Registration Fee: \$15.00 (Includes T-Shirt)

Registration on the day of the event: \$20.00-Cash/checks only (T-Shirts NOT guaranteed)

Awards: Overall Male & Female, Top Three male & female finishers in each age category. *Total number of individual awards based on pre-registrations—for example: If 1 registered female in group 20-25 only 1 award guaranteed.*

Age Categories: 9 and under, 10-14, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70 and over.

Please Note: • Course is not recommended for athletes with disabilities.
• No dogs or other pets permitted on course during the race.

For more information, contact: Joyce Spencer, 419-559-2348, jspencer@terra.edu or vets@terra.edu

Jacque Dodway Foos, 419-559-2370, jafos@terra.edu

The Terra College Foundation is a 501(c)(3) tax-exempt charitable corporation.

**The Haldon Dodway Veterans Scholarship
5K Cross Country Run • Walk Registration Form**



Please Print Clearly

Last Name: _____ First Name: _____ Male Female

Address: _____ Age as of 10.02.2010 _____

City _____ State _____ Zip _____

Phone _____ Email _____ Shirt Size (Circle One) S M L XL XXL

I, the undersigned, verify that all information given during registration is the truth. As a participant in this event offered by Terra Community College, I/we recognize that there are certain risks and I agree to assume all such risks which I may sustain as a result of participation in any and all activities connected or associated with such programs. I also understand that Terra Community College, its officials, agents, employees and insurers are held harmless from any and all liabilities, claims, actions or causes of actions resulting from physical injuries, including death, loss of services, loss or damage to property or any other loss on account of my participation in this event of Terra Community College.

Signature

Date

Signature of Parent or Guardian if under 18

Date