

"EUREKA RACE WITH YOUR HEART"

Formerly Known as "Eureka Spring Classic"

4M Run & 2M Walk

Saturday, April 17, 2010

9:30 a.m.



All Proceeds Go To Heart House

A homeless shelter and a safe haven for victims of domestic violence.

Lake Run Club Circuit Race

IVS Grand Prix Series Race

Medallions given to the top 5 finishers in all running divisions

Custom Designed T-Shirts

Keeping the tradition alive
Home Baked Cookies



Bring your family for the Post Race Party

Hot Dogs, Chips, Drinks

RUNNING DIVISION AWARDS

\$50 Gift certificate and award to Overall Male & Overall Female

Medallions given to the top 5 male and female finishers

13 & Under	30 thru 34	50 thru 54	70 & Over
14 thru 19	35 thru 39	55 thru 59	Clydesdale
20 thru 24	40 thru 44	60 thru 64	Super Clydesdale
25 thru 29	45 thru 49	65 thru 69	

DOOR PRIZE DRAWINGS

for registered

Runners and Walkers

FREE MESSAGES

Compliments of

Healthy Arts Physical Therapy

Registration at Eureka Lake Pavilion

8:00 - 9:15 a.m.

Race begins 9:30 a.m. at Eureka Lake Pavilion

COURSE:

Both courses start and finish at Eureka Lake Pavilion

Run—Splits every mile and one water station

Walk—Walking/nature trail and one water station



ENTRY FEES (NON-REFUNDABLE)

- \$15.00 per person (5 and over) if postmarked by April 1st (*Custom Designed T-Shirts guaranteed to all pre-registered*)
- \$20.00 per person (5 and over) if postmarked after April 1st / Race Day registration

Checks Payable To: Heart House

Mail entry forms to: Heart House, 300 Reagan Drive, Eureka, IL 61530

One form per participant (photocopies accepted)

NAME _____ PHONE _____ EMAIL _____

ADDRESS _____ CITY _____ STATE / ZIP _____

AGE (as of April 17, 2010) _____

Sex: M / F

Adult Shirt Size: S M LG XL XXL

Child Shirt Size: 6-8 10-12 14-16

CLYDESDALE 200 – 219 _____ (race day weigh in)

4-MILE RUN _____

2-MILE WALK _____

SUPER CLYDESDALE 220+ _____

Number of people per household eating lunch _____

Waiver:

I, the undersigned hereby, for myself, my heirs, executors and administrators, waive and release all rights and claims I may have against the "Eureka Race with your Heart" race organizers, Woodford County Heartline/Heart House Inc., the City of Eureka, Woodford County and all sponsors for all injuries suffered by me in the event, including pre and post activities. I attest and verify that I am physically fit and sufficiently trained for this event.

SIGNATURE _____

DATE _____

(Parent/Guardian if applicant is under 18 years of age)

For more information call (309) 467- 6101 or visit www.lakerunclub.org (or) www.ivs.org

Office only paid _____ bib# _____ age category _____