

26th ANNUAL

FIRECRACKER 3K

STEELEVILLE – 4th of JULY – CELEBRATION

Sponsors:

Minton Insurance & Associates
 326 West Broadway
 Steeleville, IL 62288
 (618) 965-3461

Randolph Mutual Ins. Co.
 202 South James Street
 Steeleville, IL 62288
 (618) 965-3477

Steeleville Pharmacy
 324 West Broadway
 Steeleville, IL 62288
 (618) 965-3511

Date: Friday, July 4, 2008

Time: 9:40 AM (Race will start at 9:40 AM Sharp!
 Run will be start of Parade.)

Start: Egyptian Electric Cooperative, 1005 West Broadway
 Steeleville, IL

Finish: American Legion Park

Registration: Race Day Registration 8:10 AM – 9:20 AM

Fees: \$10.00 Pre-registered (before July 4th)
 \$15.00 Race day
 First 150 entrants will receive a T-shirt. Entry fees
 are non-refundable.

Course: Highway 4 (parade route) three hills, splits at one
 mile mark, with sprinkler station.
 Refreshments courtesy of Dave’s Food Center.

Awards: Awards to top overall male and female finisher and
 the first, second, and third place finishers, male and
 female, in the following categories: under 11, 12-15,
 16-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49,
 50-59, and 60 & over.
 Trophies will be presented as soon as results are
 tabulated at the ticket stand in the Legion Park.

Questions: For more information call Jon Minton at
 (618) 965-3461 or at minton@egyptian.net
 or our website: www.egyptian.net/~minton/race/

ENTRY FORM: Please return to: Firecracker 3K, P.O. Box 116, Steeleville, IL 62288 – Checks Payable to: Firecracker 3K

Name _____

Birthdate _____ Age on Race Day _____ Male _____ Female _____

Address _____ Email _____

City/State/Zip _____ Phone _____

T-Shirt Size: S M L XL (subject to availability)

Waiver: In consideration of your accepting this entry, I, the undersigned, intending to be legally bound, hereby, for myself, my heirs, my executors, and administrators, waive and release any and all rights and claims for any damages, loss, liabilities, claims, demands, costs and expenses, which I may now or in the future have against Minton Insurance & Associates, Steeleville Pharmacy, Randolph Mutual Ins. Co., any and all sponsors, their representatives, successors, and assigns, for any and all injuries or losses suffered by me in this event, including pre- and post-contest activities. I attest and verify that I am physically fit and have sufficiently trained for this event. Further, I grant permission to the sponsors and/or agents authorized by them to use any photographs, videotapes, motion picture, recording, or any other record of this event, whether portraying me or not, for any purpose.

_____ Date

_____ Signature (parent or guardian, if under 18)