

PRESENTING SPONSORS:



(660) 886-4455



(660) 831-1895

Physical Therapy of Concordia
607 S. Main - Concordia MO 64020
(660) 463-2588

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Missouri Valley Physicians
2303 S. Hwy 65 - Marshall, MO 65340
(660) 886-3364



(660) 886-7431

ROUTE

Starting Line: Lighthouse Shelter Offices
555 W. Arrow (Arrow & Lyon)
West on Arrow to Miami
South on Miami to College
East on College to Salt Pond
North on Salt Pond to Arrow
East on Arrow around square return to Arrow
West on Arrow
Finish Line: 555 West Arrow



3rd Annual



SUNDAY, APRIL 18, 2010
5k FUN RUN OR WALK

STARTING LINE
LIGHTHOUSE SHELTER
(ADMINISTRATIVE OFFICE)

555 W. ARROW
MARSHALL, MO.
(660) 886-9880

EVENT DAY REGISTRATION
BEGINS AT 8:00AM

8:30AM START TIME

PANCAKE BREAKFAST
AT FINISH LINE!

All proceeds benefit:



Have fun, and help victims of domestic violence, sexual assault and their children!

OUR MISSION

The mission of the Lighthouse Shelter is to decrease the incidence of domestic & sexual violence in Saline County through community awareness, shelter, counseling, direct services and support groups.

EVENT DETAILS

Race Day - SUNDAY, APRIL 18, 2010

(Rain Date: Sunday, May 3, 2010)

REGISTRATION

Register by mail

P.O. Box 884 - Marshall, MO 65340

Visit the

Lighthouse Thrift Store
225 E. Eastwood - Marshall, MO 65340
Monday - Saturday 9am to 6pm

Event Day

Registration at starting line begins at 8:00am

Registration Fee - \$20

Registration fee waived for participants who collect \$50 or more in pledges

Starting/Finish Line

Lighthouse Shelter, Inc. - Administrative Office
555 W. Arrow - Marshall, MO 65340
(West side of Fire Station)
(660) 886-9880

FUN BAG PICK UP

Morning of event - loaded with goodies from our sponsors and friends!

PANCAKE BREAKFAST - 9:00AM

AWARDS BEGIN AT 9:30AM

When you collect \$50 or more in pledges, your RUN FOR SHELTER registration is waived! Collect your pledges in person and use the attached pledge form below to record donations (attach additional sheets as needed). All pledges must be turned in on or before 8:30am, Sunday, April 18, 2010. The top pledge collector will be acknowledged at the awards ceremony!



Help us reach the goal of raising \$2,500 to help victims of domestic violence, sexual assault, and their children.

Participant Name: _____

Day Phone: _____

Total Pledge \$ _____

Pledge Name & Address Pledge Amount

- | Pledge Name & Address | Pledge Amount |
|-----------------------|---------------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |
| 5. _____ | _____ |
| 6. _____ | _____ |
| 7. _____ | _____ |
| 8. _____ | _____ |
| 9. _____ | _____ |
| 10. _____ | _____ |
| 11. _____ | _____ |
| 12. _____ | _____ |
| 13. _____ | _____ |
| 14. _____ | _____ |
| 15. _____ | _____ |
| 16. _____ | _____ |

All pledges are tax deductible. Receipts provided upon request.

ENTRY FORM

Note: Use separate forms for each entry. Photocopies are acceptable. Or visit www.thelighthouseshelter.org, click on events).

Last Name _____ First _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Check one & give age:

____ Female Runner ____ Female Walker ____ Age

____ Male Runner ____ Male Walker ____ Age

Registration Fees (per race, per entrant)

____ I have enclosed \$50 or more in pledges with this entry form so please waive my entry fee!

Registration fee \$20 Cash _____ Check _____

(Please make checks payable to Lighthouse Shelter, Inc. If you wish to register using a credit card please call our office at (660) 886-9880.

____ I am unable to participate, but have enclosed my tax-deductable donation.

BREAKFAST BONUS: Would you like to have a friend of family member join you for the pancake breakfast after the race? Breakfast only tickets can be purchased for \$5 (adults) or \$3 (children 10 and under.)

____ Adults @ \$5 each ____ Children @ \$3 each

In consideration of your acceptance of this entry, I hereby, for myself, my executors and administrators, waive any and all rights and claims for damages I may have against the sponsors, coordinating group, sanctioning organization, and any individual associated with the event, their representatives, successors and assigns for any and all injuries by me in connection with said event. Hereby release the City of Marshall and Saline County Missouri from any and all claims, liabilities and demands whatsoever (including attorney's fees and costs) which I now have, have ever had or may have, or which my heirs, executors, administrators, successors or assigns may have arising out of the event or my participation therein. I have been warned I must be in good health to participate in this event. In filling out this form, I acknowledge that I am an amateur in such event. I also give permission for use of my name and picture in any broadcast, telecast or print media account of this event. In filling out this form, I acknowledge that I have read and understand my own liability and do accept the restrictions.

Signature (required) (Parent or Guardian if under 18 yrs old.) _____

Date _____