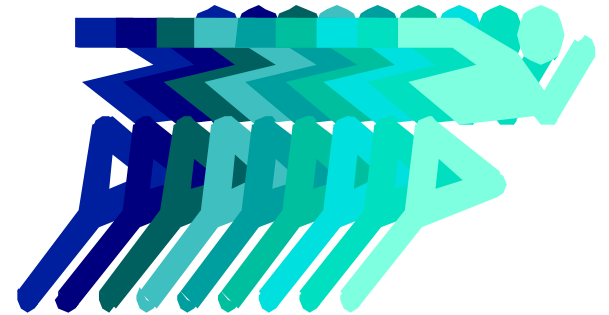


Albany Area Community Education
PO Box 330
Albany, MN 56307

14th Annual

**Albany
Heritage Day**

5K Run/Walk



Saturday,

August 1, 2009

8:00 a.m.

Legion Park

Main Street, Albany

Albany Heritage Day 5K Run/Walk

Location

The Legion Park, Main Street Albany

Registration

Register online at

www.albany.k12.mn.us, then click on
Community Education!

Registration in advance by July 20 for
a discount rate. Race day registration
is from 7:00-7:45 a.m.

Ages 15 & Over: \$12/person by July
21; \$15 after July 20

Ages 14 & Under: \$10/person by July
21; \$13 after July 20.

Divisions

Men: Overall Men Winner, under 18
years, 18-30, 31-39, 40-49, 50-59 and
60 & Over.

Women:

Overall Women Winner, under 18
years, 18-30, 31-39, 40-49, 50-59 and
60 & Over.

T-Shirts

Y/L, S, M, L and XL shirts will be given to
all participants who pre-register. No
guarantee to receive a t-shirt after July 20.

Course

3.1 miles on asphalt roadway and the Lake
Wobegon Trail around Albany. Water at
the 1/2 way mark.

Race Day

Race numbers may be picked up between
7:00-7:45 a.m. Race day registrations are
between 7:00-7:45 a.m. at the Legion Park,
Main Street, Albany. Race begins at 8:00
a.m.

Questions

Albany Area Community Education
320-845-2171, ext. 5100
jenc1@mail.albany.k12.mn.us

Results

Apple RaceberryJaM

Official Entry Form

Albany Heritage Day

Race Day is August 1, 2009

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Email: _____

Sex: M F Age: _____

Shirt Size: Y/L S M L XL

In the consideration of the acceptance of this entry in the Albany Heritage Day 5K Run/Walk, I release the City of Albany, Albany Area Community Education, Albany Chamber of Commerce, Heritage Day Committee and any sponsor of the race from all actions, claims and demands of any kind and nature that may arise from or in connection with my participation in any aspect of the race, accepting the risks involved and waiving all rights of any kind that might otherwise exist. In addition, I waive any claims I might have in connection with cancellation or rescheduling of the race for whatever reason. I represent that my physical condition, to the best of my knowledge, is adequate to compete safely in a distance race and that no physician or other qualified individual had advised me against running in such event. I sign on behalf of myself or my heirs, personal representatives and assigns.

Signature of Entrant:

(Parent/Guardian signature required if under 18 years of age).

Date: _____

Mail payment to:

5K Run/Walk

Albany Area Community Education

PO Box 330

Albany, MN 56307