



*Go at your
own pace.*

Fun and Fitness for:

- Adults
- Youth

- Families
- Friends
- Individuals

- Novices
- Enthusiasts

For additional information, please contact
Chris Smith, Race Coordinator, 715.743.8447
or csmith@MemorialMedCenter.org.

For additional registration forms, please visit
www.MemorialMedCenter.org.



216 Sunset Place
Neillsville, WI 54456
Telephone: 715.743.3101
Fax: 715.743.6245



Memorial Medical Center
Neillsville, Loyal, Greenwood
Care...at its best

Neillsville
Care & Rehab



New Location!

**Saturday,
July 9, 2011**

**Run/Walk
Start Time: 4pm**

1 mile or 5K



**Memorial Medical Center and
Neillsville Care & Rehab**
Co-Sponsor the
Heritage Days Run/Walk



Age Groups for Run/Walk:

9 and under	35-39
10-14	40-44
15-19	45-49
20-24	50-59
25-29	60-69
30-34	70+

T-Shirts for all entrants.

Medals awarded to the top 3 finishers in each age group.

Refreshments will be available at the finish line.

Date: Saturday, July 9, 2011

Run/Walk Registration: 3:00 pm

Run/Walk Start Time: 4:00 pm

Location: Registration/Start line at corner of Hwy 10 & Boon Blvd., (near Citizens State Bank of Loyal - Neillsville office)

Entry Fee:

If pre-registered by July 5, 2011: \$10

If registering after July 5, 2011: \$15

Please make checks payable to "Heritage Days Run/Walk".

No Blades. No Pets.

For additional information, please contact Chris Smith at 715.743.8447 or csmith@MemorialMedCenter.org.

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The Heritage Days Run/Walk is being held in conjunction with Neillsville Heritage Days, July 7th-10th.

Registration Form

Complete and return with payment to "Heritage Days Run/Walk"
c/o Ashley Volovsek, 216 Sunset Place
Neillsville, WI 54456

Name: _____

Address: _____

City: _____

State: _____ **Zip:** _____

Phone: (_____) _____

Race: 1 mile _____ 5K _____

Sex: M _____ F _____ **Age:** _____

Adult T-Shirt Size: S _____ M _____ L _____

XL _____ XXL _____

In consideration of the acceptance of my entry, I hereby release all organizers of this race, Memorial Medical Center, Neillsville Care & Rehab, and the City of Neillsville from any and all liability arising from illness or injury as a result of my participation in this race, for which I am physically fit and trained.

Signature: _____

Parent/guardian signature if participant is under the age of 18:

Date: _____

Amount enclosed: _____

