

# Schedule of Events

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## Pre- Registration Packet Pick-up:

### Date/Time:

September 14, 2023      8:00 am-6:00 pm  
September 15, 2023      8:00 am-3:00 pm

### Where:

SCCH Fitness Center

### Last day to pre-register:

August 25, 2023

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## Race Day:

### Date:

Saturday, September 16, 2023

### Location:

Sullivan Civic Center  
344 N. Main St.  
Sullivan, IN 47882

### Registration Time:

7:30 am-8:15 am

### Race Day Registration Location:

Sullivan Civic Center-Blue Tent

### Start Times:

Fun Run- 8:00 am  
5k Run/Walk- 8:30 am

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**All proceeds will support health & fitness programming  
for Sullivan County residents.**

For more details, please call 812-268-2536



*MAIZE RUNNER*  
**Family Registration**

\*Last day to pre-register is Aug. 25<sup>th</sup>

**Early Registration** - 5K Family (\$50)\_\_\_\_\_ 1Mile Family (\$25)\_\_\_\_\_

**Race Day** - 5K Family (\$55)\_\_\_\_\_ 1Mile Family (\$30)\_\_\_\_\_

\*Make checks payable to SCCH FC

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_ (as of race day) M/F (circle)

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ E-mail \_\_\_\_\_

Adult T-Shirt Size (circle) S M L XL XXL Youth T-Shirt Size (circle) S M L

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_ (as of race day) M/F (circle)

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Date of Birth \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_ (as of race day) M/F (circle)

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Date of Birth \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_ (as of race day) M/F (circle)

Adult T-Shirt Size (circle) S M L XL XXL Youth T-Shirt Size (circle) S M L

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_ (as of race day) M/F (circle)

Adult T-Shirt Size (circle) S M L XL XXL Youth T-Shirt Size (circle) S M L

I do hereby relinquish all liability toward the SCCH Fitness Center, Sullivan County Community Hospital, event sponsors, and event volunteers for any damages (personal property) that may occur at or during this event. I also understand that there are no refunds.

Participants Signature: \_\_\_\_\_ Date \_\_\_\_\_

If under 18 years old, must have a parent/guardian signature.

Parent /Guardian \_\_\_\_\_ Date \_\_\_\_\_