

HOMECOMING Cobber 5K

Fun Run/Walk & Kid's 1 Mile (12 and under)

9 a.m.
Oct. 14, 2006

REGISTRATION TIMES:
8-8:50 a.m. **Saturday, Oct. 14,**
or by mail.

**COMPETITOR NUMBERS/
LABELS/PINS:**
Should be picked up between **8 and
8:50 a.m.** on **Saturday, Oct. 14.**
Numbers should be worn on the front
side of the body.

COST:
By Oct. 7 = \$10 (T-shirt included)
After Oct. 7 = \$5 (no T-shirt included)
Concordia students/12 and under:
Free (or \$10 if T-shirt desired)

PARTICIPANTS:
Open to the public, students, faculty, staff and friends.

START/FINISH AREA:
12th Ave. S. and 6th St. S., just south of Memorial Auditorium

AWARDS:
No awards will be given.

COURSE:
Maps will be available at the Start/Finish Area from 8 to 8:50 a.m. Saturday, Oct. 14, 2006. The course will be south on 6th St. S., west (right) on 22nd Ave. S., enter Gooseberry Park following the road, across the Gooseberry Bridge, turn left after the bridge for a short loop on the road in Lindenwood Park, back across the bridge to Gooseberry Park, and then return along the same route.

MEDICAL STAFF:
A student or certified athletic trainer will be available at the Memorial Auditorium Training Room (lower level). The purpose of the certified athletic trainer is to care for injuries and emergencies that occur during the race. If you have a chronic injury, we encourage you to consult a physician.

REGISTRATION FORM

NAME: _____ **AGE** (day of meet): _____
First name Last name (Maiden)

CATEGORY: Open
 Concordia student
 Concordia alumni (Class of _____)
 Kid's 1 Mile (12 and under)

GENDER: Male
 Female

E-MAIL: _____

T-SHIRT: S M L XL XXL

ADDRESS: _____
Home address

City State ZIP

OCCUPATION: _____ **EMPLOYER:** _____

Return this completed form via FAX at 218.299.4953, SUBMIT BY E-MAIL to gzlaron@cord.edu or MAIL to:

Concordia College Department of Athletics
Attn: Garrick Larson
901 8th St S
Moorhead MN 56562

SUBMIT BY E-MAIL

DISCLAIMER: I understand that participation in the Concordia Homecoming 5K or 1 Mile Fun Run/Walk is voluntary. I accept responsibility for any injury (previous or current) that I incur due to my participation. I understand that Concordia College encourages me to seek qualified medical attention from a physician for any injury (previous or current) that I incur.

SIGNATURE: _____ **DATE:** _____