

HOMECOMING Cobber 5K

Fun Run/Walk & Kid's 1 Mile (14 and under)

9 a.m.
Oct. 11, 2008

REGISTRATION:

E-mail or mail the form below or bring it along on race day from 8-8:50 a.m.

Saturday, Oct. 11.

COMPETITOR NUMBERS/PINS:

Should be picked up between **8 and 8:50 a.m.** on **Saturday, Oct. 11.** Numbers should be worn on the front side of the body.

COST:

\$12 (T-shirt included)
Concordia students/14 and under:
Free (or \$12 if T-shirt desired)
Non-Concordia student/15+ years:
\$5 (no T-shirt)

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. 11, 2008. The start/finish line will be at 12th Ave. S. and 6th St. S. The course will go briefly south on 6th St. S., then turn north up to Woodlawn Park with a small loop, 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 or illness, we encourage you to consult a physician prior to participating.

REGISTRATION FORM

NAME: _____
First name Last name (Maiden)

CATEGORY:

- Concordia alumni (Class of _____)
 Concordia student
 Kids
 Open

GENDER:

- Male
 Female

E-MAIL: _____

AGE (day of meet): _____

T-SHIRT: XS S M L XL XXL

NAME(S) OF CHILDREN/GRANDCHILDREN UNDER AGE 18: _____
First name, last name and date of birth (return down for additional lines)

ADDRESS: _____
Home address

City State ZIP

OCCUPATION: _____ **EMPLOYER:** _____

Return this completed form by E-MAIL to gzlaron@cord.edu, FAX 218.299.4953 or MAIL to:

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

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:** _____
Type your name to represent your signature when e-mailing this form.