

9th Annual Alzheimer's 5k & Half Marathon/3 person Team Half

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Date: Saturday August 21st, 2021

Half Marathon at 7:30

Kids Fun Run at 7:35

5k at 8:00

Starts at Heritage Trail Pond, Highway 52. Enjoy an out and back course over the bridge and towards town for the 5k and a 5 mile out and back course heading west towards Durango and finishing on the 5k portion for the Half Marathon. Early registration before Aug 14th, 2021, \$25-5k, \$40-Half Marathon includes t-shirt. Registration after Aug 14th, 2021, \$30-5k/\$50-Half Marathon no t-shirt guaranteed. **No teams after 8/14 deadline.**

****New 3 person Team Event Men's, Women's,& Business ****

\$60 A Team *Awards to top team in event!! 3 lags of half- 6.4mile,3.6mile & 3.1mile

Any Division or Overall Record broken in the 5k will receive a \$10 Gift Card to Casey's !! Trophy's to Overall Male and Female winners in 5k race !

Top 3 Men and Women in Half receive Trophy's.

****Signup in May Or June and receive a free gaiter face mask !!!**

Medals will be awarded to the top three female and male finishers in the following age divisions:

(5k run/walk) 15 & under, 16-23, 24-29, 30-35,36-42,43-49, 50-55,56-62, 63-69, 70 & over

(Half Marathon) 19 & under, 20-29,30-39,40-49,50-59,60-69,70-Over,

12 & under for Kids ½ mile fun run \$10 fee.

Early Packet Pick up at the Heritage Pond Drive up on Friday August 20th from 4-7 also sign up available for \$25/5k and \$40/Half Marathon. No team signup after 8/14. Packet Pick-Up & Registration from 6:30-7:30 am on August 21st race morning \$5 extra.

**** Register online at GetMeRegistered.com**

For more information contact Terry Willenborg @ 563-451-7332 (whitesoxrunner@aol.com)

Mail in entry Form on Back -----

Name:_____ Gender Male____ Female____
Address:_____ City:_____ State:_____
Zip:_____ Ph. #:_____ Birth Date_____ Age on Race Day:_____

Kids___\$10 or Race 5k___ ---\$25 or Half_____---\$40 or \$60 Team name_____

Team Members names:_____

Cotton Ultra Blue T-Shirt included in cost (Circle One) SM Med Lg XLg XXLg (\$2 extra), XXXLg (\$2 extra)

Make checks payable to Alzheimer's Association.

Mail registration to Terry Willenborg ---660 Oneill st ---- Dubuque, Ia 52001

I recognize the risk involved in any athletic event and hereby waive, release, and hold harmless the Alzheimer's Association, the City of Dubuque, the Heritage Trail, Dubuque County and all employees, all sponsors, all race directors and volunteers from any and all liability, claims, and rights for damages from injuries growing out of, related to, or arising from participating in the Alzheimer's Association 5k or 10k. I attest and verify that I am physically fit and have significantly trained for the competition of this event and my physical condition has been verified by a licensed medical doctor. No Refunds

Signature:_____ Date:_____

Parent Signature (If under 18):_____ Date:_____

CUT AT LINE BELOW MAIL IN TOP PORTION AND KEEP LOWER PART FOR YOUR INFORMATION

