

Saturday June 20, 2009 9:30a.m.

5 K Run&Walk and 1 Mile Fun Walk



www.macombasa.org



Macomb/St.Clair County Chapter of the ASA Run/Walk for Autism Awareness

The Macomb/St. Clair Chapter of the Autism Society of America supports the efforts of educators to provide recreational opportunities for children affected by autism. Donations raised during this event will be used to fund a Recreational Grant for Special Education classrooms and to create outings sponsored by our Chapter for children and their families in Macomb and St. Clair counties.

Starting Time: 5K run starts at 9:30 a.m, Walks start at 9:40 a.m. Registration times: 8:00 a.m.-9:15 a.m..

Location: Stony Creek Metro Park 4300 Main Park Road, Shelby Twp., MI, 48316 Main Park Rd. is off of 26 mile/west of M-53. Follow park signs to Eastwood Beach Picnic area.

Course: 5K Run & Walk are on a cross-country course. Fun Walk is 1 mile. Strollers allowed on the Fun Walk only. No pets allowed on the Run or Walks.

Registration Fees: Pre-Registration through June 6th Includes a T-shirt. If you register AFTER June 6th a t-shirt is not guaranteed. Adults, \$16.00 • Kids 12 & under, \$8.00 Race Day Registration Fees (T-shirt not guaranteed) Adults, \$20.00 • Kids 12 & under, \$10.00

Checks or Cash Only. Entry fees are non-refundable. Make checks payable to: MSCCC/ASA All entrants are responsible for \$4.00 park entrance fee. Pledges are welcome. Download pledge sheets at www.macombasa.org.



This event has been reviewed for the physical activity content and has been endorsed by the Governor's Council on Physical Fitness, Health and Sports. This does not reflect endorsement of the sponsoring organization or the products used.

Awards: Run: Male and Female overall winner. Awards to top male and female in each age group. Run Age Groups: 10-19, 20-29 30-39, 40-49, 50-59, 60-69, 70 and over. Awards ceremony following the race.

Send Entries To: Macomb/ St. Clair Chapter of the ASA c/o Anne Gacki, 49180 Clinton Terrace, Macomb, MI, 48044 Information: Anne Gacki, 586-447-2235 • Website: www.macombasa.org



Out & About 4-Autism Run/Walk for Autism Awareness

Saturday, June 20, 2009

E-mail _____

Last Name _____ First Name _____

Street Address _____

City/Town _____

State _____ Zip Code _____ Phone Number _____ Age on Race Day _____ Sex: M F

T-Shirt Size: Adult S M L XL Youth S M L Event: Runner _____ Walker _____ Total Amount Enclosed \$ _____ (circle one) Larger sizes available at \$2.00 extra

I can't participate but enclosed is a contribution of \$ _____ Make Checks Payable to MSCCC/ASA

In consideration of my participation in this event, I for myself, executors and administrators waive all rights and claims for damages I may have against the Macomb/ St. Clair Chapter of the ASA, the sponsors of this event, their agents, representatives, successors, and assignees for any injuries suffered by me at said event, or which may arise out of my traveling to, participating in, and returning from the event. I further state that I am in proper physical condition to compete in this event. I also agree to let the MSCCC/ASA use any photos taken of me during this event for awareness and promotional purposes.

Signature: _____

Date: _____

(ALL must sign - If entrant is under 18 years old parent must sign)