Connie Dzierzynski Skerston

2nd ANNUAL SCHOLARSHIP FUNDRAISER

5K Run/Walk or Untimed 1.5 Mile Walk In Her Steps

10 AM * SATURDAY, OCTOBER 8, 2016 *RAIN OR SHINE* IVCC CAMPUS: 815 N. Orlando Smith Rd., Oglesby, IL 61348

This event honors the memory of Connie Dzierzynski Skerston, who passed away unexpectedly from a brain aneurysm at the age of 45 on March 5th 2015. Connie enthusiastically served IVCC for 16 years in administration. A scholarship has been founded in her name to preserve her educational legacy and passion for working with and helping young minds in the Illinois Valley.

Divisions: (Men's and Women's)

30-34

35-39

40-44

45-49

50-54

55-59 70 & over

60-64

65-69

13 & under 25-29

14-19

20-24

The race: Begins and ends at IVCC campus

Mixed running surface 5K run/walk course

Entry fee (by mail): \$25 if received by October 1st

\$30 after October 1st

EARLY PACKET PICK UP: IVCC main entrance on						Awards: First overall male and female, and first			
Thursday, October 6 th from 11:00am–2:00pm					male and	male and female Masters receive a plaque.			
Race Day Registration & packet pick up: 8:00-9:30am					First 3 m	First 3 male and female finishers in each age			
Fee includes: T-shirt, water, light snacks.						division will receive an award.			
*Free massages by IVCC therapeutic massage students					*overall wi	*overall winners are not eligible for age division awards*			
*Silent Auction & Bake	Sale (If yo	u have	an item	please	call) Restricti	ons: No str	ollers allowed on 5K run/walk.		
*Electronically timed Fi	nish Line b	y Starv	ed Rock	Runner	s, Ltd.	No pe	ts allowed on IVCC campus.		
*Music provided by Hit Squad Disc Jockeys						IN CASE OF CANCELLATION DUE TO SEVERE			
*Results available at: v	vww.Starv	edRock	:Runner	s.org	WEATHEI	R, THANK YO	OU FOR YOUR DONATION.		
Any O	uestions	: Call	: (815)	664-22	236 or email:	b.dzier@	Ocomcast.net		
•			•			_	Oak St., Spring Valley, IL 61362		
				•	& PAY on-line at:				
,	www.runra	ce.net			offs same as mail in	(plus proce	ssing fee)		
		<u></u>	•			(pius pioce			
			REGIS	TRATION	FORM (Please print)				
NAME:					E	EMAIL:			
First	M. I.	Last							
GENDER: M F AG	GE (as of 10/	8/16):		D.O.B.		_ PHONE:			
ADDRECC.									
ADDRESS:Street/ Apt. #/ P.O.	Вох			City		State	Zip		
SHIRT SIZE (Circle One):	S	М	L	XL	2XL (add \$3)		3XL – 6XL (add \$6)		
Γ-Shirt & size guarantee	d if receiv	ed befo	ore 10/	1/16. Er	ntry Fee Is Non-Re	fundable!			
_			_		•				
Which course are you partici	pating in:		_ Conn	ie s RACE	(5K RUN/WALK, Timed	(ג			
			_		(1.5 mile walk, in her		•		
PLEA	SE NOTE: Str	ollers ar	e welcom	e on Conr	nie's PATH, but are no	t allowed on	Connie's RACE.		
* I'M UNABLE TO A	ΓΤΕΝD, Β	UT W	OULD	LIKE TO	MAKE A DONA	TION OF	\$ (NO T-SHIRT) *		
			-			-	and properly trained. I agree to abide by any		
						•	read this waiver and knowing these facts and i Dzierzynski Skerston Scholarship Fund, Starved		
Rock Runners, Ltd., IVCC, IVCC emp	loyee volunteer	s and all sp	oonsors, the	eir represent	tatives and successors from	all claims or liab	ilities of any kind arising out of my participation		
in this event. I grant perr	mission to all th	e foregoing	g to use any	photograph	ns, video, recording, or any o	other record of t	his event for any legitimate purpose.		

(Parent or guardian signature required if participant is under 18 years of age)