



RUN AGAINST DIABETES!

5k, 2-mile Walk/Run and 1-mile Walk plus 50 yd Dash (3-5, 6-8 & 9-12)



We welcome all Walkers & Runners!!

Date:

Saturday, November 07, 2009

Pre-registration till October 31st

On-site registration will start at 6:15 am on race day
1st race starting at 7:15 am

Entry Fee:

Pre-registration fee

- \$10.00 fee for 13 yrs – 54 yrs
- \$5.00 fee for senior citizen (55 yrs. & older)
- 12 and under FREE

Onsite Registration fee

- \$15.00 fee for 13yrs – 54 yrs
- \$10.00 fee for senior citizen (55 yrs. & older)
- 12 and under FREE

***SRP-MIC MEMBERS Family race price \$20.00 family of 4 – add \$5 for each additional family member**

***Entry fee waived for those who have Diabetes**

Make checks payable to:

SRP-MIC Diabetes Program

Mail entry forms to:

ATTN: Health Service Annex Building
SRP-MIC Diabetes Program
10,005 E. Osborn Rd
Scottsdale, AZ 85256



Event will be held at the Salt River High School Track:

Location: Salt River High School
4827 N. Country Club Dr. (Country Club Dr. & Chaparral)
Scottsdale, AZ 85256

5k Race: Start Time 7:20 am

Awards will be given to the TOP 2 Male & 2 Female finishers in the following age groups for this race category:

- 12 and under 13 – 18 19 – 24 25 – 30 31 – 36 37 – 42
43 – 48 49 – 54 55 – 60 61 and over

2-mile Walk/Run: Start Time 7:25 am

Award will be given to the OVERALL Male & Female finishers in this race category.

1-mile Walk: Start Time 7:30 am

50 yd Dash: Start Time 7:15 am

Traveling Team Award:

Award will be given to the Community with the most participants.

T-shirt and refreshments will be provided to all participants.

This is a Native American Recognition Days 2009 Sanctioned Event, Sponsored by: Salt River Pima-Maricopa Indian Community Diabetes Program

For more info please contact:

Myk Redhouse (480)850-4438/8512 (Fitness Program Supervisor)
Salt River/Lehi Fitness Center (480)850-8909/8901/4438

Visit www.aznard.com for other event activities during Native American Recognition Days 2009



Please check event: 5k 2-mile walk/run 1-mile 50 yard dash circle one: 3-5 6-8 9-12

Name: _____ Sex: _____ Age day of Race: _____ DOB: ____/____/____

Address: _____ State: _____ Zip: _____ Phone: (____) _____ - _____

SR Tribal Member? Yes or No enrollment # _____ Reside in SRPMIC? Yes or No Do you have Diabetes? Yes or No

Tribal/Enterprise Employee of SRPIMC? Yes or No If yes, which Dept.? _____

Community Representing: _____

Adult T-shirts Size: S M L XL 2XL 3XL Child sizes: S M L XL

"In consideration of participation in the Salt River Pima-Maricopa Indian Community Diabetes Program's NARD 2008 "RUN AGAINST DIABETES" event ON SATURDAY, NOVEMBER 7 I hereby, for myself, my heir, executor, and administration, waive all rights and claims against the Salt River Health Service Department, Diabetes Program, and the Salt River Pima-Maricopa Indian Community, its Directors, Administration Officers, employees, agents, and volunteers for any claims, damages, or injuries sustained by me during the event."

Signature (Parents or Parent/Guardian if under 18 yrs. old)

Date