



RUN TO REMEMBER

5K RUN – 1 MILE WALK
BENEFITING ILLINOIS CHAPTER
OF C.O.P.S.

(CONCERNS OF POLICE SURVIVOR)

Register on line @

www.runtorememberpeoria.com

SATURDAY – MAY 5, 2018

RUN/WALK STARTS @ 8:00 AM

JUNCTION CITY

5901 N. PROSPECT RD.

PEORIA, IL 61614

\$25: ENTRY FEE

\$30: ENTRY FEE DAY OF EVENT

OPEN TO EVERYONE

REGISTRATION DEADLINE:

MAY 5 @ 7:45AM

PARTICIPATING IN MEMORY OF:

NOTE: APPLICATION MUST BE RECEIVED BY 4/9 IN ORDER
HAVE YOUR OFFICERS NAME LISTED ON THE T-SHIRT.

E.O.W.

THE OFFICER YOU ARE PARTICIPATING FOR WILL BE
ANNOUNCED WHEN YOU CROSS THE FINISH LINE. IF AN
ADDITIONAL ANNOUNCEMENT IS DESIRED, PLEASE FILL
OUT ON RIGHT SIDE OF THIS APPLICATION.

**MAKE CHECKS PAYABLE TO: RUN TO
REMEMBER – ON MEMO LINE NOTE FOR: IL C.O.P.S.**

IL C.O.P.S. IS A 501(c)(3) ORGANIZATION

MAIL TO: RUN TO REMEMBER

P. O. BOX 414

DUNLAP, IL 61525

PACKET PICK-UP: FRI. – MAY 4 (10am-6pm)

RUNNING CENTRAL – 311 SW WATER ST
PEORIA, IL 61602 309.676.6378 / 309.208.7844

OR

RACE DAY 6:45-7:45 @ JUNCTION CITY SOUTH PARKING LOT
FOR MORE INFORMATION CALL (309) 208-7844

AWARDS:

GIVEN TO OVERALL MALE AND FEMALE **RUNNER** & TO
TOP 3 RUNNERS OF EACH MALE AND FEMALE GROUP.

AGE GROUPS: 14 & UNDER, 15-19, 20-24, 25-29, 30-34,
35-39, 40-44, 45-49, 50-54, 55-59, 60 & OLDER



POLICE CHALLENGE

ARE YOU A POLICE OFFICER?

IF SO, WHAT DEPARTMENT ARE YOU WITH?

AWARDS GIVEN TO TOP 3 OFFICERS RUNNING:



PRINT NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE #: _____

E-MAIL: _____

SEX: M F AGE: (AS OF 5/6) _____

5K RUN/WALK _____ 1 MILE WALK _____

FINISHLINE ANNOUNCEMENT: _____

T-SHIRT SIZE: (CIRCLE ONE)

ADULT: S M L XL XXL YOUTH: MED

WAIVER: I KNOW THAT RUNNING A ROAD/OFF-ROAD RACE IS A POTENTIALLY
HAZARDOUS ACTIVITY. I SHOULD NOT ENTER AND WALK/RUN UNLESS I AM
MEDICALLY ABLE AND PROPERLY TRAINED.

I ASSUME ALL RISKS ASSOCIATED WITH RUNNING/WALKING IN THIS EVENT.
HAVING READ THIS WAIVER AND KNOWING THESE FACTS AND IN
CONSIDERATION OF YOUR ACCEPTING MY ENTRY, I, FOR MYSELF AND ANYONE
ENTITLED TO ACT ON MY BEHALF WAIVE AND RELEASE IL C.O.P.S., ALL
VOLUNTEERS AND SPONSORS FROM ALL CLAIMS OR LIABILITIES OF ANY KIND
ARISING OUT OF MY PARTICIPATION IN THIS EVENT EVEN THOUGH THAT
LIABILITY MAY ARISE OUT OF NEGLIGENCE OR CARELESSNESS ON THE PART OF
THE PERSON NAMED IN THIS WAIVER.

SIGNATURE: _____

(ALL ENTRIES MUST BE SIGNED BY PARTICIPANT)

SIGNATURE: _____

(PARENT OR GUARDIAN IF UNDER 18)

*****I will not be able to attend this year. *****

Please accept my donation of \$ _____

INFORMATION: THIS IS THE TWELFTH ANNUAL RUN/WALK TO
REMEMBER FALLEN OFFICERS. ALL PROCEEDS TO BENEFIT
THE ILLINOIS CHAPTER OF CONCERNS OF POLICE SURVIVORS.
AN ORGANIZATION THAT HELPS FAMILIES OF FALLEN
OFFICERS TO LIVE, LOVE, RENEW LIFE.

**FOR MORE INFORMATION ON THE RUN/WALK OR
REGISTER ON LINE AT:**

www.runtorememberpeoria.com

JOE & MARY MULAY

(309) 208-7844 or (309) 243-9017

jjmulay@hotmail.com

mamulay@msn.com

DEPARTMENT: _____