



All proceeds go to United Way.

Heath Harvest Festival United Way Run “Paint the Place in Pink”

in honor of Breast Cancer Awareness Month

Saturday, October 3, 2015

**Youth 1/2-Mile Run - \$10.00
Chip-Timed 5K Walk/5K Run - \$25.00
PRIZE AWARDED FOR CRAZIEST PINK ENSEMBLE**

Check-in, packet pick-up and late registration:
6:30-7:30 am on Race Day at SILVERTHORNE CHEV BODY SHOP
111 FRANKLIN STREET, ROBINSON, IL

AGES	EVENTS	START TIME
13 & Under	Half-Mile Run	7:30 am
All Ages	5K Walk	8:00 am
All Ages	5K Run	8:00 am

- 1st Place Overall Male & Female Runners
- 1st Place Male & Female Age-Group Runners
- T-Shirts for all walkers/runners who register by September 14, 2015.
- Free pancake breakfast for participants at Craw. Co. Sheriff's Dept. Parking Lot

Additional information: Contact Rhonda Shoulders at 618-544-2121, ext. 5305



**Marathon
Petroleum Company LP**
® Illinois Refining Division



Wabash Valley Occupational Health



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United Way Run

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Silverthorne Chevrolet – 111 N. Franklin, Robinson

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**Marathon
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Wabash Valley Occupational Health

Registration Form

Name: _____ **Age:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email Address:** _____

*****Pink Ensembles Encouraged – Prize Awarded for Best Outfit*****

YOU MUST SIGN THE FOLLOWING WAIVER: I have conditioned myself in order to participate in the United Way Run/Walk. I waive any rights I may have against Marathon Petroleum Company LP, Wabash Valley Occupational Medicine, and any sponsors or personnel representing the aforementioned for damages or injuries occasioned by my participation in the United Way Run/Walk. I have read the foregoing, am of legal age to consent to the waiver and have trained to the best of my ability for this Run/Walk. I hereby give Marathon Petroleum Company LP and its Affiliates (Marathon Petroleum), the absolute right and permission to copyright and use, reuse, publish and republish in print, electronic or video format my likeness or image, without restriction as to changes or alterations, or reproductions.

Participant Signature _____ **Date** _____

(Parent's Signature if under 18)

Mail to: Marathon Petroleum Company LP, PO Box 1200, Robinson, IL 62454, Attn: Rhonda Shoulders.
Checks made payable to **United Way**.

Please check one

Youth Run ()

5K Walk ()

5K Run ()

Please circle:

Gender: M F

Adult: S M L XL 2XL

Youth: S M L XL

(Additional registration forms are available at Wabash Valley Occupational Health Acute Medical Care, 1404 E. Main Street, Robinson, IL. To receive registration form electronically visit www.tothefinishtiming.com. You can also contact Rhonda Shoulders at MPC 618-544-2121, ext. 5305.)