

SATURDAY | JUNE 8TH, 2024

Timed 5K Run + 1 Mile or 5K Walk

Check in Starts @ 7:00am | Start Time @ 8:00am

- Sponsorships Available for Local Businesses & Families -

For Complete Event Details & to Register Visit www.prairielakes.com/hospitalhillrun or Scan the QR Code to Register now!



All Proceeds Benefit the Prairie Lakes

CARING CLUB HOUSE





Saturday
June 8, 2024

Check-In between 7:00-7:45 a.m.

Registration will be held near the Prairie Lakes Healthcare System **Caring Club House** located at 220 9th Ave NW.

Run/Walk starts at 8:00 a.m.

Runners and walkers of all ages are welcome. Please, no pets, roller blades, bicycles, etc.

Proceeds benefit Caring Club House

Your donation of a non-perishable item is appreciated and will be gathered at the registration table during check-in.

Registration Information:

Register online at **www.prairielakes.com/hospitalhillrun**, scan the QR code on the front, or complete the form below.

• \$20 Early Bird registration available through June 1st.

Pre-registration on or before June 1st is **encouraged** to receive a shirt on race day! Any participants who registers after June 1st will need to pick up their shirt at a later time.

\$15 Local Healthcare Employees

\$25 Any registrations after June 1st

• Free Children 12 years and under

Questions? Call 882-7908 or visit prairielakes.com/hospitalhillrun

Interested in sponsoring our event? Email Marketing@prairielakes.com

Please print or type all information. Include payment and return registration form by mail or bring to Prairie Lakes Hospital. Entry form must be complete or it will be invalid. You may use photocopies of this form. One participant per entry form.

Name:					Event (circle one):					
						5K Walk	1-Mile Wa	lk 1-Mi	le Kids Run	
Address:										
					Gender:			Male	Female	
City:	State:	Zip	o:		Local Hea	lthcare Wo	orker?	Υ	es No	
Phone: E-Mail:					Timed Runners only, circle your age group:					
Diamas Circle Desired T Chira	0-4	D = I =			10 & Under	11 –13	14–17	18 – 21	22 – 25	
<u>Please Circle Desired T-Shirt</u>	•	Below:			07 00	20 20	40 40	EO EO	40.	
<u>Style</u>	<u>Size</u>				26 – 29	30 – 39	40 – 49	50-59	60+	
Youth T-Shirt (available in XS-XL)	XS	S	M	L	Mail to:		<u>Drop</u> o			
Women's T-Shirt	XL	2XL	3XL	4XL	PLHS Mark PO Box 12			Information In Main		
Men's T-Shirt					401 9 th Ave Watertown.	. NW	401 9 th	¹ Ave. NW town. SD	1	

WAIVER OF RESPONSIBILITY:

I hereby release the sponsors and organizers of this event from any liability for injuries suffered by me as a result of my participation in this event and waive any claim I might have against the sponsors and organizers for damages arising out of, or in any way relating to my participation in the event. Laive consent that any photos depicting me at the event may be posted online or by media outlets.

Signature Guardian's Signature (if entrant is under 18)