4TH ANNUAL HEALTHY CAPITAL 5K
Columbia High School
Saturday, March 26, 2011 - 8:30 a.m.

Location and Time

- Saturday, March 26, 2011 Columbia High School
- 8:30 a.m.-Race Start Time
- Packet Pickup begins at 7:15 a.m.
- Directions to school: http://columbia.richlandone.org

Course Info

- 5K begins and ends near gymnasium parking area
- USATF Certified - SC08009BS
- Scenic course through Pine Valley neighborhood
- Water stop & monitors on the course

Entry Fee

- Early Entry Fee—***On or before 3/10/11:*** $20 Adults, $10 Students 11+, $5 Students 10 and under
- After 3/10/11 Race Day Entry Fee: $25 Adults, $15 Students 11+, $10 Students 10 and under

Age Divisions

10 & under	11-14
15-19	20-24
25-29	30-34
35-39	40-44
45-49	50-54
55-59	60-64
65-69	70+

Prizes & Awards

- Prizes awarded to Top Male & Female finishers, Top 3 Age Division finishers.
- Awards ceremony immediately following race near finish area.

Contact Information

Melony Sanford
Columbia High School
1701 Westchester Drive
Columbia, SC 29210
803-731-8950 ext. 2110
msanford@richlandone.org

Healthy Capital 5K Registration Form

_____
Name (PLEASE PRINT LEGIBLY)

_____
School Name or Organization *(ex. Columbia High School, Colonial Life)*

Age on 03/26/11 _____

Male ☐ Female ☐ Walking 5K ☐ Running 5K ☐

_____
Street Address

_____
City/State/Zip

_____
Phone

_____
E-mail Address

T-shirt Size ***(Circle One):*** *Youth: S M L*
Adult: S M L XL XXL($2.00 extra)

T-shirts are guaranteed to pre-registered runners only!

Register online at www.strictlyrunning.com

To register by mail, mail checks and registration forms to:
Healthy Capital 5K 736 Harden St, Columbia, SC 29205
Make checks payable to: Columbia High School/Capital 5K

Liability Waiver: In consideration and acceptance of this entry, I hereby, for myself, my heirs, executors, administrators, and assignees, release and discharge all sponsors, their representatives and successors and any individual or group associated with this event 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 names in this waiver. I grant permission for all the foregoing to use photographs, motion pictures, recordings, verbal or written statements, or any other record of this event for any legitimate purpose.

_____
Signature

_____
Parent's Signature (if under 18)

_____
Date