

The LeaderShop

BUILDING LEADERS, CHANGING LIVES

LAGRANGE ROCKS 5K RUN

DATE/TIME

Friday, June 7, 2019

5:45 P.M. All Ages One Lap races

1st Heat - projected finish time under 2 min.

2nd Heat - projected finish time over 2 min.

6:00 P.M. Wheelchair race (1/4 mile)

6:15 P.M. Kids One Mile (11 & under)

7:00 P.M. 5K Run/Walk (3.1 miles)

RACE DAY REGISTRATION

2:00 P.M. – 5:45 P.M.

LTHS North Campus Soccer Field/Track
Cossitt and Edgewood Avenues in La Grange

ENTRY FEE

Individual Registration

\$30 (4/1-5/15) \$37 (5/16-6/6)

\$40 (6/6-Race day)

In-person registration is available only at
The LeaderShop office or at packet pick-
up.

Family Registration

\$80 (4/1-5/15)

\$100 (5/16-6/6)

\$120 (6/6-Race day)

Family registration includes up to four
participants.

**All Ages One Lap, Kids One Mile or
Wheelchair Race Registration**

\$20 (If entering the One Lap race please
indicate which heat.)



UPGRADE TO A SPORT-TEK MOISTURE WICKING T-SHIRT

For an additional \$5, you will receive a
Sport-Tek Moisture Wicking
La Grange Rocks T-Shirt in place of the
cotton/poly blend T-Shirt.

RACE PACKETS

Race packets may be picked up from
12-7 P.M. on June 5 and 6 at The
LeaderShop office in La Grange, or on
race day from 2:00 - 5:45 P.M. at LTHS
Practice Field.

ENTERTAINMENT

Local musicians will be rocking at various
points on the course.

AWARDS

Cash prizes will be awarded to the overall
top three male and female 5K finishers.

1st - \$150 2nd - \$100 3rd - \$50

Medals will be awarded to the top three
finishers in each age group.

Please note: Strollers must start at the
rear. No dogs. No rollerblades. No skate-
boards. No bikes.

www.theleadershop5k.org

Race registration form on reverse



La Grange Rocks 5K 2019



Please complete entire form and send with payment to:

The LeaderShop
4903 S Willow Springs Rd
La Grange, IL 60525

OR register online at www.theleadershop5K.org

Attach a separate sheet for any additional family members.



Payment Information

___ Individual Registrations \$____
___ Family Registrations \$____
___ One Lap, One Mile,
Wheelchair Registrations \$____
___ Moisture Wicking T-shirts \$____
___ Total Registration Amount \$____
___ I would like to make a tax-
deductible gift to The LeaderShop \$____

Payment Type

_ Cash _ Check (payable to The LeaderShop)

_ VISA _ MC _ DISC

Credit card number

Expiration date

Security code

Cardholder signature

Name Sex (M/F) Date of Birth Age Event (One Lap - 1st or 2nd Heat, One Mile, Wheelchair, 5K)

Name Sex (M/F) Date of Birth Age Event (One Lap - 1st or 2nd Heat, One Mile, Wheelchair, 5K)

Name Sex (M/F) Date of Birth Age Event (One Lap - 1st or 2nd Heat, One Mile, Wheelchair, 5K)

Name Sex (M/F) Date of Birth Age Event (One Lap - 1st or 2nd Heat, One Mile, Wheelchair, 5K)

Address City State Zip code

Indicate T-shirt size(s) and quantity:

Standard T-Shirts __YS __YM __YL __S __M __L __XL __XXL

Upgraded T-Shirts __YS __YM __YL __S __M __L __XL __XXL

Waiver: I know that participating in a 5K run/walk is a potentially hazardous activity. I will not enter and participate unless I am medically able and properly trained. I assume all risks from participating in this event and its related activities including, but not limited to: falls; contact with other participants; effects of the weather, including high heat, humidity, and precipitation; traffic and the conditions of the road; all such risks being known and appreciated by me. Having read this waiver and release and knowing these facts and in consideration of your accepting my entry fee and participation, I, for myself and anyone entitled to act on my behalf, waive and release The LeaderShop and the Village of LaGrange, race officials, volunteers, sponsors and their respective affiliates, subsidiaries, principals, directors, agents, officers, employees or contractors of and from all claims, liabilities or causes of action of any kind of arising out of my participating in this event or its related activities which I or my successors, assignees or heirs may ever have now or in the future against any of them. This release and waiver extends to all claims of every kind and nature whatsoever. I grant permission to all of the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for any lawful purpose. Applications for minors will be accepted only with a parent or guardian's signature.

Signature

Date

Parent's signature (if under 18)

Date

Emergency Contact

Emergency Phone Number