



RUTH'S RACE

New Course & Location!

This year's event will be held at the HOLT HIGH SCHOOL NORTH CAMPUS. The new cross country course is VERY flat and VERY fast for competitive runners, yet friendly to the casual runner/walker.

ROBIN'S RUN

Very Affordable!

Kids Run = \$10.00 (12 and under)

5k Run Run = \$15.00 (12 and under = \$10.00)

SATURDAY - OCTOBER 10, 2015

THE FUN STARTS AT - 10:00 AM

Music, Food, & Fun!

There will be high energy music playing from start to finish, post race food for participants, and fun at every turn!

Get your running/walking shoes on and join the Holt Rams Cross Country Teams and the rest of the Holt & Dimondale Community as we run for a cure against *Multiple Sclerosis* and *Pancreatic Cancer*. Experts think there are currently **250,000 to 350,000 people** in the United States diagnosed with MS. This estimate suggests that approximately **200** new cases are diagnosed every week. Cancers of the exocrine pancreas are a very serious health issue. In the United States, the National Cancer Institute (NCI) reports that approximately **46,420 people** are diagnosed with pancreatic cancer and about **39,590 people** die from the disease each year. These two critical conditions have greatly impacted Holt Rams Cross Country over the years - please join us in our efforts to contribute to the research being conducted to find cures. Additionally, funds from this races will be donated to the H.O.L.T. Scholarship Program, a donor-supported project to help qualifying students in the Holt Public School District receive an advanced education opportunity at Lansing Community College.

RUTH'S RACE / ROBIN'S RUN 2015



RACE DIRECTOR: Ross Malatinsky (Boys Varsity Head Coach) rmalatin@hpsk12.net - 517.285.9950

REGISTRATION - ONE PER PARTICIPANT

Please Make Copies As Needed!!!!

Race: (Please Check The Race Participating In) **Kids Run** ____ **Fun Run 5k** ____ (under 12 = Y/N)

Amount Enclosed: _____ (CHECK, MONEY ORDER, OR CASH ONLY) = MAKE PAYMENTS TO: **HOLT TRACK CLUB**

Shirt Size (circle one) YM YL S M L XL XXL 5885 West Holt Road
Holt, MI 48842
Tel: 517-285-9950

Running Experience (yes or no) _____

PARTICIPANT'S NAME: _____

HOME ADDRESS: _____

AGE: _____ MEDICAL CONDITIONS: _____

*** EMERGENCY CONTACT: _____

HOME: _____

**Register by *SEPTEMBER 25th, 2015*
to guarantee an official race shirt!**

CELL: _____

EMAIL: _____

WAIVER (MUST BE SIGNED AND DATED TO PARTICIPATE)

I hereby grant permission for, _____, to participate in this EVENT. I agree to release from liability Holt Public Schools, the coaching staff, and all other participants for any illness or injury that I or my child may suffer while participating in this event. Furthermore, I authorize the Race Director/Race Staff to act for me in case of a medical emergency. I acknowledge that the EVENT will require physical activity that could result in injury.

PARTICIPANT'S SIGNATURE: _____ DATE: _____
(PARENT OR GUARDIAN IF UNDER 18)