



Get off your couch and keep up with those New Year's Resolutions! Join the Mason City Chamber of Commerce in our 2nd Annual 5K on Saturday, January 17th.

A reception with refreshments will be held on the third floor of the North Iowa Regional Commerce Center following the race. Run as an individual entrant or form a team - see below for registration options!

**Individual Entry:** Lace up your running shoes to get a great start to your new year! Walk or run - it's for fun!

**4-Person Team:** Don't want to run a full 5K? Gather a few friends or co-workers to form a 4-person team for the team competition! Each racer will run .77 miles. The top two teams will receive prizes!

**Best Dressed Group:** Would you rather run in the individual race but still have team spirit? Grab a few friends and enter your names to contend for the best dressed group!

## Race Day Information

Saturday, January 17, 2015  
NIRCC | 9 N Federal Ave

Registration: 7:30AM  
Race Start: 9:00AM  
Awards: 11:00AM

### ENTRY FEES:

Early Registration (Before Jan. 9th)

- Individual = \$20
- Team = \$60

Late Registration (After Jan. 9th)

- Individual = \$30
- Team = \$70

\*Race Routes on Back of Form

Sponsored By:



### REGISTRATION FORM:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Age (as of 1/17/15): \_\_\_\_\_ Gender: \_\_\_\_\_

#### TEAMS ONLY

Team Name (required): \_\_\_\_\_  
Team Captain: \_\_\_\_\_  
Team Members: 1) \_\_\_\_\_ 2) \_\_\_\_\_  
3) \_\_\_\_\_ 4) \_\_\_\_\_

Waiver of Liability: **RUNNER MUST SIGN WAIVER.**

In consideration of our acceptance of this entry, I hereby for myself, my heirs, executors, administrators, waive any and all rights and claims for damages I may have against individuals associated with the event, for any and all injuries suffered by me in the event. I attest and verify that I have full knowledge of the dangers involved in this event and I am physically fit and sufficiently trained to participate in it.

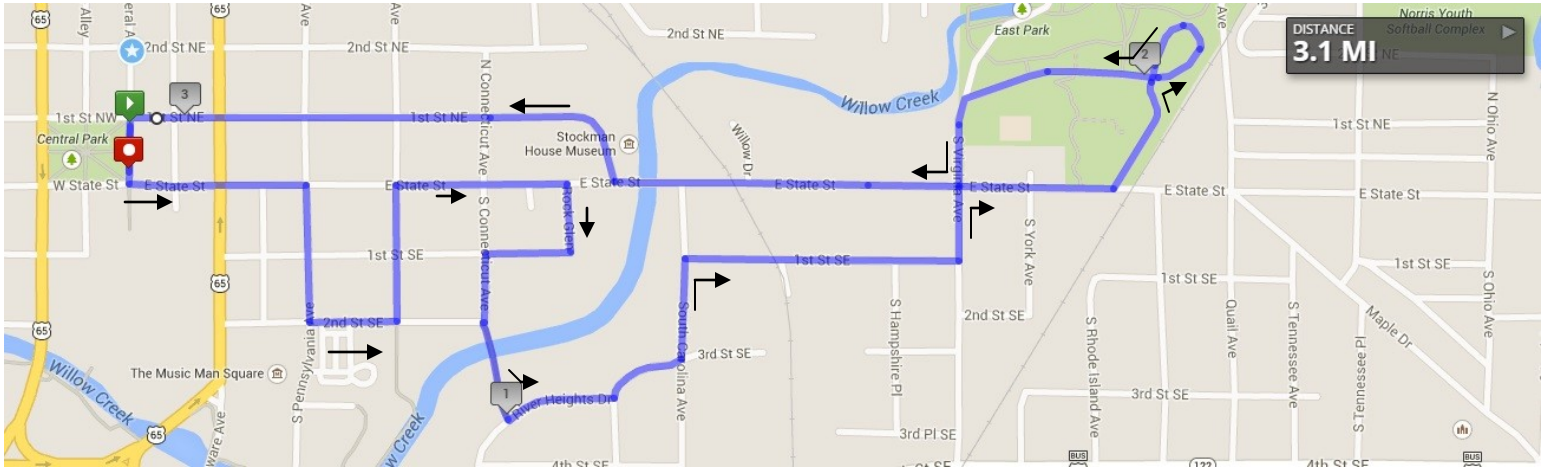
Signature: \_\_\_\_\_  
Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

(Parental signature required for participants under 18 years of age)

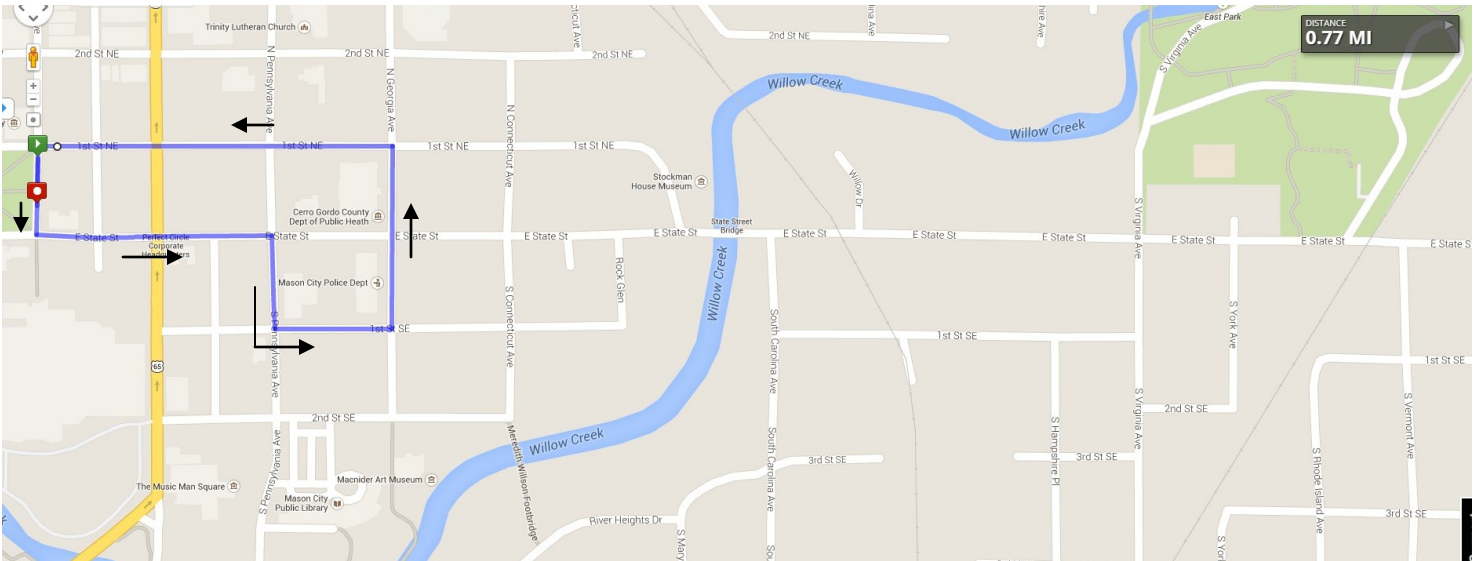
\*Return completed form and entry fee, checks payable to:  
The Mason City Chamber of Commerce. 9 N. Federal Ave | Mason City, IA 50401

# ChamBRRR 5k Race Routes

## Individual Route



## Team Route



**Thank You!!**