



Proudly Presents

COCA-NUTZ!

5K Run/Walk

Sunday, June 12, 2011 at Lunken Airport Playfield

8:00 am – Registration 9:00 am – 5K Run/Walk Start

- THE COURSE** Lunken Playfield offers a relatively flat paved 5K (3.1 mile) course
- THE CAUSE** All proceeds benefit the Council on Child Abuse (COCA). COCA has been serving children, families, professionals, and community members in Greater Cincinnati since 1978. Our mission is to prevent child abuse by delivering the most effective educational and public awareness programs designed to identify and stop physical, emotional and sexual abuse where children live, learn and play!
- THE AWARDS** **Individual Performance Awards** - Top Male and Female walkers and runners receive trophies. Medals will be given to men and women in the following age divisions:
Walking: 29 & under, 30-39, 40-49, 50-59, 60 & over.
Running: 14 & under, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60 & over.
- FUN FOR ALL!** Food & Drinks! ❖ Kids/Teen Activities! ❖ Prizes & Giveaways!
- REGISTRATION** Individuals and Teams can register by going online to www.sprunning.com or mailing in the pre-registration form. Pre-registration is \$25 for adults and \$15 for students over age 12. Entry fee includes a T-shirt for the first 300 registered participants over age 12. Registration the day of the event is \$35 and includes a T-shirt based on availability. Kids under age 12 are encouraged to participate (no registration or fee required).

Come out and run or walk with family, friends, co-workers and, most importantly, with children! Every step you take and every dollar you raise helps to fund child abuse prevention programs in our community. Start by taking these 3 SIMPLE STEPS:

- Step 1: REGISTER!** Choose online or by mail.
- Step 2: GET SPONSORS!** Tell your sponsors that their donations will help to fund child abuse prevention programs throughout the Greater Cincinnati area. Use the sponsorship form to keep track of your sponsors.
- Step 3: RUN/WALK!** Join us for a fun-filled, family friendly race day. Bring all donations to the check-in at the Lunken Airport Playfield on race day. The race kicks off at 9:00 a.m., rain or shine!

FOR MORE INFORMATION CALL: Steve Prescott (513) 777-1080 or COCA (513) 936-8009

A United Way Agency Partner



Sunday, June 12, 2011 at Lunken Airport Playfield

Official Pre-Registration Form

First Name _____ Last Name _____

Street _____ City _____ State _____ Zip _____

Daytime Phone _____ Evening Phone _____

Gender (circle one): Male Female Age (as of 6/12/11) _____ Category (circle one): Runner Walker

\$25 Adults / \$15 Students over 12 years - Pre-Registration (includes T-shirt). Multiple sizes will be available.

Make check payable to: Council On Child Abuse

- Enclosed is my pre-registration fee/donation for the COCA-NUTZ 5K Run/Walk: \$ _____
I will collect and bring donations from my sponsors to the check-in on race day.

Pre-Registration must be postmarked by Friday, June 3, 2011.

Mail this form and check to: COCA-NUTZ! 5K Run/Walk, c/o Steve Prescott, P.O. Box 454, Mason, OH 45040

Online registration available at www.sprunning.com until Wednesday, June 8, 2011.

WAIVER: In consideration of the acceptance of my entry, I hereby waive on behalf of my heirs, executors and assigns, all claims of any nature arising from my participation in the COCA-NUTZ! 5K Run/Walk and do hereby release the race director, Steve Prescott, Lunken Airport Playfield, the Council On Child Abuse and all sponsors, workers, officials, and volunteers from any claim whatsoever arising from my participation in this event. I agree to abide by all the rules for participation and acknowledge that the Race Committee may refuse or return my entry at its discretion. I authorize COCA to use photographs of me from this 5K Run/Walk for promotional purposes in any type of media, including its website. I understand the risks for such an event, and have trained adequately in preparation. I HAVE NOTED ANY MEDICAL CONDITION ON THIS FORM.

Entry Signature _____ Date _____
(parent signature required for those under 18)

List medical conditions: _____

In case of medical emergency contact:

Name _____ Phone: _____