



**Chewelah Chataqua
Challenge**
Saturday, July 12th, 2014



Place: JENKINS HIGH SCHOOL, 7th & Lincoln, Chewelah, WA

Time: 7:00am Race Start Time

6:00am –6:45am---Registration & Number Pick-up

10K Course: Scenic course for hard-core runners (pavement, gravel and hills)

5K Course: Out and back (all pavement)

Divisions: 0-9, 10-13, 14-19, 20-29, 30-39, 40-49, 50-59, 60-69, 70+

Entry Fee: \$13 no shirt option \$5. Late fee \$16 (after July 1st)

Only finishers will receive shirts. Make checks out to Community Celebrations.

Awards: Trophies (made by Dave Govedere) will be given to overall male and female winners. Medals will be given to 1st place finishers in each age category (excluding overall winners) and ribbons for second and third place finishers. Awards ceremony will be held at the amphitheater in the City park at 9am. Showers will be available after the race at the high school.

Sponsored by St. Joseph's Hospital of Chewelah and Chewelah Chataqua

Direct inquiries to: Denise Smith @ 509-935-6340, or 509-936-0299 (cell)

Registration form (detach and mail)

Name _____ **Phone** _____

Address _____ **Birthdate** _____

City _____ **State** _____ **Zip** _____

E-mail address _____

Shirt (designed by Dave Govedere) **SIZE:**(circle one) Adults: S M L XL XXL, Child medium, No shirt

Shirt Preference (circle one) T- shirt, Women's tank top, Child Medium Tee

Age Group (circle one) 0-9 10-13 14-19 20-29 30-39 40-49 50-59 60-69 70+

Gender (circle one) male female

Race Course (circle one) 5K 10K

Declaration: In consideration of acceptance of this entry and intending to be legally bound, I hereby release all claims which may arise on my behalf against the Chewelah Chataqua Challenge, Community Celebration, City of Chewelah, or any sponsors of this run or their officers, agents, representatives, or volunteers for any and all losses or injuries which I may sustain due to the participation in or traveling to and from the Chewelah Chataqua Challenge. I have full knowledge of the risks involved in the race and will assume them. I know that vehicles will be on the course. I will not use a walker or other similar device during the race. I will assume and pay my own medical and emergency expenses in the event of any incapacity regardless whether I have authorized such expenses. I attest that I am physically fit to participate in the race. I have read the above statement, I understand it and my signature confirms its full acceptance.

Entry Not Valid Without Signature

Runner Signature: _____ **Date** _____

Parent/Guardian Signature if runner is under 18 _____

Mail to: Denise Smith, 3221 Cottonwood Cr. Rd., Chewelah, WA 99109