



**FRIENDS**  
OF THE URBANA PUBLIC  
**LIBRARY**

# Urbana Public Library's 19<sup>th</sup> Annual

## 5K Run/1 Mile Walk

*Sponsored by the Friends of the Urbana Public Library*

Friday, August 20<sup>th</sup>, 2021 at 8:00 p.m.

### Registration Form:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Age on 8/20/2021 \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_ Telephone # \_\_\_\_\_

**Race Entered (choose one):**

- 5K RUN
- 1 MILE WALK

**T-shirt Size (circle size):**

- Youth 10/12 14/16
- Adult S M L XL 2XL 3XL

*No T-shirt guarantees after Aug. 13<sup>th</sup>*

**Gender (choose one):**

- Male
- Female

**Age Category: (choose one)**

- 10 & Under
- 11-14
- 15-18
- 19-29
- 30-39
- 40-49
- 50-59
- 60+

**Cost (choose one):**

- 5K Run w/T-shirt \$25
- 5K Run w/o T-shirt \$15
- 5K Run 18 & Under w/ dry fit t-shirt \$10
- 1 Mile Walk w/T-shirt \$15

Donation \_\_\_\_\_ Total

Enclosed: \_\_\_\_\_

**Send Registration Form to:**

Holly Overturf  
602 Grace Ave.  
Urbana, Iowa 52345

**Make checks payable to:**

Friends of the Urbana  
Public Library

**Awards:**

The top 3 finishers in each male/female age division in the 5K run will receive a medal.

**Refreshments will be provided after the race!**

**Race Day Registration:**

Packet pickup from 7-7:45 pm in front of the library building located at 351 Velvas St., Urbana. Parking for the race is available along Velvas street and at the library.

**More information:**

Please text or call Holly Overturf at 319-230-0275 or email [funrun@uplfriends.org](mailto:funrun@uplfriends.org) with any questions.

**Waiver must be signed:**

In consideration for the opportunity to participate in this event, I release all groups and persons, including the city of Urbana, Iowa, and the Friends of the Urbana Public Library officials, sponsors, contributors, volunteers, etc. from any and all liability or damages whatsoever arising from any participation in this event. I also authorize any medical treatment deemed advisable by any licensed physician to relieve any injuries or illness while a participant or observer. I certify that I have read this document and agree with its contents.

Signature (parent/guardian if under 18): \_\_\_\_\_ Date: \_\_\_\_\_