



SAT., OCT. 2, 2010
 REGISTRATION: 8 A.M.
 START TIME: 9 A.M.
 DEFIANCE REGIONAL MEDICAL CENTER

COURSE:

The race will start and finish at Defiance Regional Medical Center, site of one of the Zonta club's fountains, and will take runners on a scenic 3.1 mile run past the Zonta fountain at Pontiac Park near the Maumee River. The course is accurately measured by the Toledo RoadRunners club.

AWARDS:

Overall top three male/female will be awarded prizes.
 Age group awards (three deep). No duplication of awards.
 Male and female age groups:
 13 & under, 14 – 19, 20 – 29, 30 – 39, 40 – 49, 50 – 59, 60 – 69, 70 – 79, 80+

POST RACE:

Refreshments will be provided to all runners and walkers. Tours will be available of the digital mammogram suite at Defiance Regional Medical Center.

SHIRTS:

All pre-registered participants will receive a custom-designed Fountain to Fountain 5K T-shirt. Pre-register to ensure your T-shirt size! Limited quantities and sizes will be available after the pre-registration deadline.

ENTRY FEES:

\$15 – Pre-registration, postmarked by Fri., Sept. 3, 2010.
 \$20 – After Sept. 3 and on race day.
 Entry fees payable to **Zonta Club of Defiance**, mail fee and completed form to 1200 Ralston Ave., Defiance, OH 43512 (attn: Zonta Fountain Race). For more information contact Joyce Combs at 419-784-7326 or joyce.combs@gm.com.



DEFIANCE REGIONAL MEDICAL CENTER

Member of **PROMEDICA HEALTH SYSTEM**

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FOUNTAIN TO FOUNTAIN 5K REGISTRATION

Name: _____ Phone: _____
 Address: _____ City / State: _____ Zip: _____
 Gender: (circle) M or F Age: (on Oct. 1, 2010) _____ Date of Birth: _____
 Adult Shirt Size: (circle) S M L XL 2XL E-mail address: _____

In consideration of your acceptance of this entry, I hereby for myself, my heirs, executors and administrators waive and release all rights for claims and damages I might have against the Zonta Club, Defiance Regional Medical Center, the Race Director, and all related parties for any and all injury and damage resulting from participating in the above event. I am in proper physical condition to participate in this event.

Signature: _____ (parent or guardian if under 18) Date: _____

I am enclosing additional donations and pledges of \$ _____ to support the discounted mammogram program.