



TWO RIVERS 10-MILE ELITE RUNNER ENTRY FORM

Runners who can document a performance on a **USATF Certified Course** occurring within the **past 16 months** that meets or exceeds one of the below elite qualifying time standards can receive complimentary entry into the Aurora Health Care Two Rivers 10-Mile. Please complete and submit this "Two Rivers 10-Mile Elite Runner Entry Form" by email to: Tworivers10mile@aol.com or by mail to: Two Rivers 10-Mile, Attn: Scott Jansky, Race Director, 2504 Pine Tree Drive, Two Rivers, WI 54241. *Deadline for complimentary elite entry is same date as pre-registration deadline!* Thank you!

Distance	5K	10K	10-MILE	½ MARATHON	MARATHON
MALE	15:30	32:30	54:00	1:13:00	2:35
FEMALE	18:00	38:00	1:04:00	1:26:00	3:00

Name (First, Last) _____

Date of Birth _____ Age on Race Day _____

Address _____ City _____

State _____ ZIP _____ Phone _____ Email _____

College/University _____ Occupation _____

Please list USATF qualifying race(s) name, date, and finishing time of qualifying performance:

5K or 10K _____

10-Mile _____

Half-Marathon _____

Marathon _____

Please select gender specific shirt:

T-Shirt Size (Women's) _____ S _____ M _____ L

T-Shirt Size (Men's) _____ S _____ M _____ L _____ XL

In acceptance of my elite entry into the Aurora Health Care Two River 10-Mile Run, I hereby absolve and hold harmless the Two Rivers Public School District, City of Two Rivers, County of Manitowoc, Two Rivers Township, Wisconsin Department of Transportation, race organizers, race sponsors, and all persons connected with the race from any liability or injury incurred by me while participating in the Two Rivers 10-Mile. I further provide that this harmless agreement applies to my heirs, executors, and assignees. I am physically fit to participate in this event. I also hereby grant permission to use my name, photographs, videotapes, and motion pictures for race promotional purposes.

SIGNATURE _____ DATE _____

TWORIVERS10MILE.COM