

## 5<sup>th</sup> Annual Stampede 5K & Mustang Mile

Saturday, April 30<sup>th</sup> 2016 5K: 10:00 am (Rain or Shine) Mustang Mile: 11:00 am



The **Stampede 5K** is a USA Track & Field <u>certified and timed course</u> with a start and finish in the Mustang stadium at **Middle Creek High School**, 123 Middle Creek Park Ave, Apex, NC. The **Mustang Mile** will be on the Mustang stadium track at approximately 11:00 am, following the 5K. **All proceeds benefit the MCHS Stampede Club's efforts to support the athletic program and student athletes at Middle Creek High School.** 

## **WAYS TO REGISTER:**

- 1. **Mail form and payment to**: Stampede 5K c/o MCHS Stampede Club, 123 Middle Creek Park Ave., Apex, NC 27539 (make checks payable to "MCHS Stampede Club")
- 2. **Visit our website** <a href="http://stampedeclub.org/stampede-club-5k/">http://stampedeclub.org/stampede-club-5k/</a> and follow the link to register online through <a href="http://runnc.com/ra/?page=event&actname=5th-annual-stampede-5k-mustang-mile">http://runnc.com/ra/?page=event&actname=5th-annual-stampede-5k-mustang-mile</a> (may use a credit card with this option!)
- 3. **Race Day registrations**: April 30, 9:00 9:45 am at MCHS Stadium.

| Event        | Who                | What's Included                              | Fees                   |
|--------------|--------------------|--|------------------------|
| Stampede 5K  | WCPSS<br>Students/ | Timed race bib, race t-shirt**, runner's bag | \$ 20 (up to race day) |
|              | Staff              |  |                        |
|              | All other runners  | Timed race bib, race t-shirt**, runner's bag | \$30 (up to race day)  |
|              |                    |  |                        |
| Mustang Mile | All Runners        | Untimed race bib and cotton race t-shirt**   | \$10 (up to race day)  |

**T-SHIRT & PACKET PICK-UP:** ALL pre-registered Students, Staff and Runners can pick up their t-shirts and packets at the MCHS Mustang Stadium on race day, beginning at 9:00 am.

**5K RECOGNITION:** 1<sup>st</sup> place overall male and female (trophy and \$75 gift certificate), 2<sup>nd</sup> place overall male and female (\$25 gift certificate and medal) Top male and female winner for the age groups below: 11 and Under, 12, 13, 14, 15, 16, 17, 18, 19-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60 and up (medal)

QUESTIONS: Contact Race Director, Amy Fisher @ 919-622-2721 or email jakenkate@hotmail.com

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Mustang Mile: 11:00 am

## **Registration Form:**

| Name  |   |  |
|---|---|--|
| Address   |   |  |
| City StateZip   | StateZip  |  |
| Email Emergency Contact:(Name / N   |   |  |
| Phone Date of Birth Age on race day   | Number)<br>Sex M / F  |  |
| I plan to enter: 5K Timed Mustang Mile  |   |  |
| Shirt Size: AS AM AL AXL YS YM YL (Circle one   | 2)  |  |
| Shirt sizes guaranteed up to April 15 <sup>th</sup> .   |   |  |
| Amount Enclosed:  |   |  |
| 5K:   |   |  |
| WCPSS Students / Staff  | \$20 \$   |  |
| All other runners   | \$30 \$   |  |
|   | \$  |  |
|   | \$  |  |
|   | \$  |  |
| Mustang Mile  |   |  |
| All Runners   | <i>\$10</i> <b>\$</b>   |  |
|   | \$  |  |
| Total En  | closed \$   |  |
| Make checks payable to MCHS Stampede Club and mail to: Stampede 5K c/o MCHS Stark Ave, Apex, NC 27539.  Stampede 5K and Mustang Mile Fun Run Waiver   | ampeue Ciub, 125 Miludie  |  |
| As a participant in the 5K Stampede Run, I, for myself, my executor, administrators, and assigns, do hereby Town of Cary, Young & Associates, Amy Fisher, and Middle Creek High School, the MCHS Stampede members, sponsors, organizers, or their representatives, or their successors, and all cooperating busines injury, damages, demands, actions, and causes whatsoever, in any manner arising or growing out of my pa | Club, their management, their sses and organizations from all c |  |
| I give the MCHS Stampede Club full permission for the use of my name and photographs. I understand the give my full permission for such first aid as is deemed necessary to be provided to me on the premises or further treatment. As a participant, I certify that all information provided is accurate and complete.   |   |  |
| Date:   |   |  |
| Signature   |   |  |
|   |   |  |
|   |   |  |