10th Annual BEACH WELLNESS

10K & 5K run, 5K walk; kids ¼ mile run

June 25, 2016 - 9:00AM Start

Location: Bay City State Recreational Area
3582 State Park Dr, Bay City, MI

Directions: North of Bay City, take I-75, Beaver Rd.
Exit #168, East 5 miles to Park

Entry Fee: $15 without shirt, $20 with shirt until June 11th
$20 without shirt, $25 with shirt June 12-Race Day
Kids $5 (¼ mile run) no kids shirt

Help to support our Parks & Purchase Your State Park Recreation Passport

Entries: **Make checks payable to:** Friends of BCSRA/Wellness

Mail to: Beach Wellness, 706 Sidney St. Bay City, MI 48706

Online Registration: runsignup.com

Awards: Overall Male/Female run & walk
Age groups: **All Participants receive a Beach Wellness 10th Anniversary Special Medal**
Course: Blacktop, some trail, accurately measured
Results: Posted- day of the race, available online
Facilities: Restrooms
Refreshments: Water, juice, cookies, fruit

Information: Kim Coonan (989) 684-7675 or kjcwcc@att.net
Ernie Krygier (989) 233-3872 or elkrygier@chartermi.net
Bob Redmond (989) 895-4125

All proceeds donated for beach grooming!

Last name_____ First_____

Address_____

City_____ State_____ Zip_____ DOB___/___/___ Race Day Age___

Sex M__F__ Phone (__)_____ 10Krun ___ 5Krun___ 5Kwalk___ Kids Run___

T-shirt size- sm___ med___ lg___ xl___ xxl ___ no shirt___

I know that running or walking a road race is a potentially dangerous activity. I should not enter and run or walk unless I am medically able and properly trained. I agree to abide by any decision of any race official relative to my ability to safely complete this event. I assume all risks associated with this event including, but not limited to falls, contact with other participants, the effects of the weather, traffic and the condition of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry. I for myself and anyone entitled to act on my behalf, waive and release BCSRA and its sponsors, their representatives and successors from all claims and liabilities of any kind arising out of my participation in this event.

Signature of participant (parent signs if child is under 18)_____ **Date**___/___/___

Sponsored by the YMCA

10th Annual

Save Our Shoreline 2016
Beach Wellness Volleyball

SATURDAY, JUNE 25th

Tournament Starts at 9:00 am, Pre-Registration at 8:30 on the beach

All proceeds go to Beach Wellness

All Levels of Competition Welcome!
Brackets: 4 on 4 ($40)

Classic Car Cruise

For more information please contact State Rep. Charles Brunner 989-686-4974

For More Information On Volleyball Competition, Please Call:

Carri Strohkirch: (989) 895-8596 **Kim Coonan: (989) 684-7675**
Ernie Krygier: (989) 233-3872 **Bob Redmond: (989) 895-4125**

Team Name:_____ Bracket:_____

Player #1_____ Player #3_____

Player #2_____ Player #4_____

Held at the Bay City State Recreation Area

Beach Wellness, Member of, Friends of BSCRA