



FOUNTAIN TO FOUNTAIN  
**5K RACE**  
 FOR WOMEN'S HEALTH

**SAT., OCT. 1, 2011**  
 REGISTRATION: 8 A.M.  
 START TIME: 9 A.M.  
 PROMEDICA DEFIANCE REGIONAL HOSPITAL

**COURSE**

The race will start and finish at ProMedica Defiance Regional Hospital, 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**

Awards will be given to the overall top three male and female runners and age group awards (top three). There will be no duplication of awards.

**Age groups:**

13 and under, 14 - 19, 20 - 29, 30 - 39, 40 - 49, 50 - 59, 60 - 69, 70 - 79, 80+

**WALKERS**

If you are not a competitive runner, please sign up for the 1.5 mile, non-competitive fun walk.

**POST RACE**

Refreshments will be provided to all runners and walkers. Tours of the digital mammogram suite in the Women's Center at ProMedica Defiance Regional Hospital will also be available before and after the race.

**SHIRTS**

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

**ENTRY FEES**

\$20 - Pre-registration, postmarked by Fri., Sept. 3, 2011  
 \$25 - 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, please contact Joyce Combs at 419-784-7326 or joyce.combs@gm.com.



**FOUNTAIN TO FOUNTAIN 5K REGISTRATION**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Gender: (circle) M or F Age: (on Oct. 1) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Runner  Walker  Email address: \_\_\_\_\_

Adult T-shirt size: S M L XL 2XL

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 of Defiance, ProMedica Defiance Regional Hospital, 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: \_\_\_\_\_