

RUN and WALK AWARDS

First three overall male/female.

First masters male/female.

Top three of the following age groups:

14 & under	30-34	50-54
15-19	35-39	55-59
20- 24	40-44	60-64
25-29	45-49	65-69
	70+	

T-Shirt to all entrants

DOOR PRIZES, Must be present to win!

Registration: Friday, 4/16 from 7:00 to 9:00

PM and Race day from 6:30 to 7:45 AM at the Vienna Community Building in Jackson Park. Kids signup will continue until 9:00 AM at the track.

TEAM COMPETITION

There will be one award for School and Church teams based on the number of team finishers. All team members are eligible for all other awards.

All team members need to fill out entry.

You may be on only one team!

WHEELCHAIR DIVISION

There will be one award in the Wheelchair Division awarded to the first male or female.

The Wheelchair Start Time will be 7:55 AM.

RIVER CITY KID'S RACES

AGE	DISTANCE
3 and Under	50 Meters
4 and 5	100 Meters
6, 7	200 Meters
8, 9	400 Meters
10,11	400 Meters



Participant ribbon to all kids!

NON-PROFIT ORG.
U. S. POSTAGE
PAID
PARKERSBURG, WV
PERMIT NO. 257

River City Runners & Walkers Club
P. O. BOX 4496
Parkersburg, WV 26104
Return Service Requested

VIENNA RIVER ROAD RACE

5 MILE RUN & 5K WALK—8:00 & 8:05AM
SATURDAY APRIL 17, 2010 VIENNA, WV

SPONSORED BY

St. Joseph's Hospital



Sign up early for special gift

FREE KIDS RACES

RIVER CITY KID'S RACES 9:00 AM



*PART OF THE RIVER CITY
RUNNERS AND WALKERS SERIES
and THE RIVER CITY KID'S SERIES*

COURSE INFORMATION

Water: Available at 2 miles and 3-1/2 miles in the run and midway in the walk. At the finish line there will be water, sports drink and a snack.

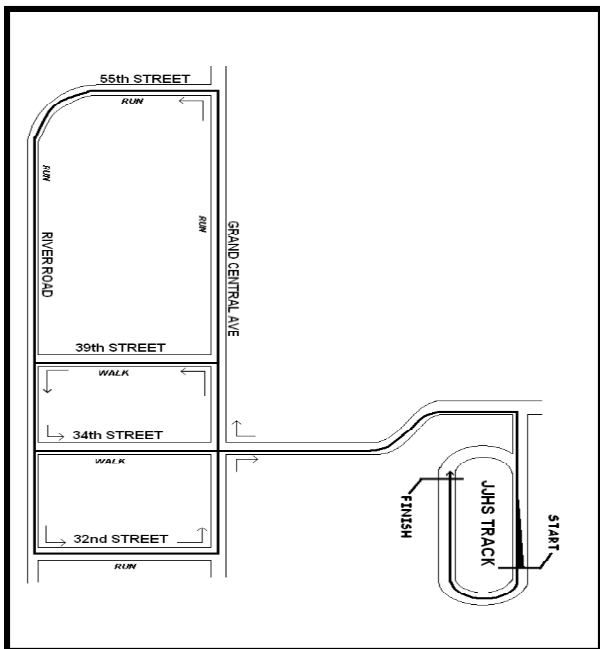
Restrooms: Located at The Vienna Community Building and at the Jackson Track.

Split Timers: Every mile in both events

Both the run and walk are rolling closed loop courses that start and finish on the Jackson Track. The surface is paved except for the track that is crushed limestone.

Both courses are **USATF** certified

RUN: WV09001MS , WALK: WV98-012RT



Vienna River Road 5 Mile Run / 5K Walk

DATE & TIME: April 17, 2010
Run 8:00 A.M., Walk 8:05 A.M.

\$12.00 posted by April 10
\$10.00 for RCR&W Club members
\$15.00 after April 10 and race day.
No race day discounts.

INFORMATION: Louis Molinaro 304 295-5088

Make check payable to River City Runners Club
P.O. Box 4496, Parkersburg, WV 26104

There will be a \$20 Service Charge on all returned checks.

Name _____ **MALE FEMALE**
(circle one)

Address _____ **RUN WALK**
(circle one)

City, State, Zip _____
Phone _____ / Date of Birth _____ / Age on Race Day _____
Day

TEAM INFORMATION

TEAM NAME _____ **CHURCH SCHOOL**
CIRCLE ONE

SHIRT SIZE: S M L XL

WAIVER: In consideration of acceptance this entry to the Vienna River Road Race and the River City Kids races, I waive all claims for myself, my heirs and assigns against **the River City Runners & Walkers Club, the City of Vienna, St. Joseph's Hospital and the River City Kid's Race sponsors and promoters** for injury or illness which may result from my participation. I attest and verify that I have full knowledge of the risk involved in these events, that I am physically fit and sufficiently trained to participate. I have read the above statement, I understand it and my signature confirms its full acceptance.

Signature _____ / Date _____

Parent/Guardian if under 18 years old _____

River City Kid's Races



Free Entry Free Entry

DATE & TIME: April 17, 2010 9:00 A.M.

INFORMATION: Louis Molinaro 304 295-5088

Mail entry to River City Runners Club
P.O. Box 4496, Parkersburg, WV 26104

Name _____ **GIRL BOY**
(circle one)

Address _____

City, State, Zip _____

Phone _____ / Date of Birth _____ / Age on Race Day _____

SHIRT SIZE YOUTH S M L XL

WAIVER: In consideration of acceptance this entry to the Vienna River Road Race and the River City Kids races, I waive all claims for myself, my heirs and assigns against **the River City Runners & Walkers Club, the City of Vienna, St. Joseph's Hospital and the River City Kid's Race sponsors and promoters** for injury or illness which may result from my participation. I attest and verify that I have full knowledge of the risk involved in these events, that I am physically fit and sufficiently trained to participate. I have read the above statement, I understand it and my signature confirms its full acceptance.

Signature Of Parent or Guardian _____ / Date _____