

34th Annual

Mission Inn Run



RIVERSIDE, CALIFORNIA 2011

**BE A PART OF AN
INLAND EMPIRE TRADITION!
Now with Chip Timing!**

Sunday, November 13, 2011

Specially designed medals will be given to the top 100 men and top 100 women in the 5K and 10K runs. Medals are awarded to top three finishers in every age division. Finisher medals for all registered 1/2 Marathoners.

**Certified Courses
by USATF**



**Online Registration now
open at ACTIVE.COM**

Register Now

www.active.com/running/riverside-ca/mission-inn-run-2011

**2 DAY HEALTH & FITNESS EXPO
with KIDS FITNESS FESTIVAL**

(at Raincross Square)

Saturday, Nov. 12th 1-5 pm. • Sunday, Nov. 13th 5:45 a.m - Noon

Onsite registration — pick-up of chips, bib numbers and T-shirts, vendor booths, live demonstrations, bench press contest and more!

Finish Line Festival

Sunday, November 13th, 7a.m. - Noon

Awards ceremony, food booths, live music.

Start Times — Rain or Shine!

Registration Opens	5:45 a.m.
1/2 Marathon	7:00 a.m.
5K People's Run/Team	7:30 a.m.
5K People's Walk	7:35 a.m.
10K People's Run	8:30 a.m.
1K Healthy Kids' Fun Run	10:30 a.m.
1/2 Healthy Kids' Fun Run	10:45 a.m.

Benefiting the Mission Inn Foundation & Museum

For information and route map, go to

www.missioninnrun.com or call 951.788.9556

ENTRY FORM (please print) OK to photocopy Official Use Only

Mail completed form and check payable to Mission Inn Foundation to:
Time Management, PO Box 131314, Carlsbad, CA 92013

Name (first) _____ (last) _____

Address _____

City _____ State _____ Zip _____

Phone (Day) _____ **Register online at www.active.com**

M F Age _____ email address _____ Master Card/Visa Online Only

- DIVISIONS** (Check one)
- | | | | |
|-------------------------------------|----------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> 12 & Under | <input type="checkbox"/> 20 - 34 | <input type="checkbox"/> 50 - 54 | <input type="checkbox"/> 70 - 74 |
| <input type="checkbox"/> 13 - 17 | <input type="checkbox"/> 35 - 39 | <input type="checkbox"/> 55 - 59 | <input type="checkbox"/> 71 - 79 |
| <input type="checkbox"/> 18 - 24 | <input type="checkbox"/> 40 - 44 | <input type="checkbox"/> 60 - 64 | <input type="checkbox"/> 80 + |
| <input type="checkbox"/> 25 - 29 | <input type="checkbox"/> 45 - 49 | <input type="checkbox"/> 65 - 69 | |
- 5K Team Divisions**
- Corporate-perpetual
 - Public Safety-perpetual
 - Open Team

FEES

Early Registration:	Late Registration (after 11/12/11)
T-SHIRT GUARANTEED	T-SHIRT NOT GUARANTEED
<input type="checkbox"/> 1/2 Marathon \$ 40.	<input type="checkbox"/> 1/2 Marathon \$ 45.
<input type="checkbox"/> Individual Entry (5K or 10 K) \$ 35.	<input type="checkbox"/> Individual Entry (5K or 10 K) \$ 40.
<input type="checkbox"/> Additional Race, add \$ 20.	<input type="checkbox"/> Additional Race, add \$ 20.
<input type="checkbox"/> 1K Healthy Kids' Run (8-12) \$ 15.	<input type="checkbox"/> 1K Healthy Kids' Run (8-12) \$ 18.
<input type="checkbox"/> 1/2K Healthy Kids' Run (7 & under) \$ 15.	<input type="checkbox"/> 1/2K Healthy Kids' Run (7 & under) \$ 18.
<input type="checkbox"/> 5K Team Run (3 - 5 People) \$140.	<input type="checkbox"/> 5K Team Run (3 - 5 People) \$150.
(Team Name _____)	(Team Name _____)

Yes, I would like to donate to the Mission Inn foundation....\$5.00 or \$ _____

TOTAL ENCLOSED \$ _____

WAIVER (must be signed)

I hereby release the Mission Inn Foundation, the City of Riverside, The Press-Enterprise Company, the Riverside Downtown Partnership, all government and municipal agencies whose property and/or personnel are involved, and other cosponsoring company(ies) or individual(s) from responsibility for any injuries or damages I may suffer as a result of my participation in the Mission Inn Run. I hereby certify that I am in good condition and am able to safely compete in this event. I will additionally permit the use of my name and pictures in broadcasts, telecasts, newspapers, brochures, etc. and I also understand that the entry fee is non-refundable. As a participating athlete I certify that all information provided in this form is true and complete. I have read the entry information provided for the event and certify my compliance by signature below. Entry is non transferable.

Signature of Athlete/Date _____ (Signature of parent or guardian if under 18 years/Date) _____
IF ATHLETE IS UNDER AGE 18: This is to certify that my son/daughter has my permission to compete in the Mission Inn Run, is in good physical condition, and that race officials have my permission to authorize emergency treatment if necessary.

Our Sponsors

THE PRESS-ENTERPRISE PE.com Kathy Wright & Dwight Tate