

Thank You To Our Sponsors

Kevin Mueller D.C.
 Remax Advantage Realty
 Family Beer and Liquor Store
 Family Mart and Deli
 Dave's Downtown Conoco
 Sullivan Senior Service Insurance
 Courtside

J. VanNatta Salon and Spa
 Killean Audiology and Hearing Aid Centers
 Floorshow Furniture and Flooring
 American Trust and Savings Bank
 Union-Hoermann Press
 Medical Associates Audiology
 Hy-Vee

Kwik Stop / Dairy Queen
 Finley
 Mediacom
 Dubuque Advertiser
 Telegraph Herald
 Cumulus Broadcasting



**Going The Distance For The
 Speech & Hearing Impaired**

**Sat., August 14, 2010 • 8:00 a.m.
 John Bergfeld Recreation Area
 7600 Chavenelle Rd., Dubuque**

**Route: On Chavenelle Road from near
 Seippel Rd. to to Radford Road and back.**

**Parking: Medline & McGraw-Hill parking lots.
 \$20 early signup • \$30 week before race
 Includes T-shirt (Day of Race if Available)**

**Medals for top 3 places in each age group
 plus runners statue for
 overall male & female winners**

Music by MC Ken Peiffer

Refreshments Provided

**Packet Pickup at Courtside
 Friday, Aug. 13th, 4-7 p.m.
 (Goody Bag & T-shirt)**

For more information call

**Marty Sullivan at 563-583-1082
 kmartsulli@aol.com**



SertomaDBQ on Facebook

Sertoma Super 5K Run/Walk

Name _____ Date of Birth ____/____/____ Age _____ Gender M F
 Address _____ City _____ State ____ Zip _____
 Ph. # _____ Email _____

Specify T-Shirt Size (circle) Youth S M L Adult S M L XL XXL

5K Run/Walk Age Division (circle)

Men: 14 & Under 15-19 20-29 30-39 40-49 50-59 60+
Women: 14 & Under 15-19 20-29 30-39 40-49 50-59 60+

**Mail Check & Registration
 to:
 Sertoma Club of Dubuque
 PO Box 382
 Dubuque, IA 52004-0382**

WAIVER

I do hereby waive and release any and all rights and claims for damages I have against all participating sponsors and supporters, in any manner arising or growing out of my participation in the Sertoma Super Run/Walk. I attest and verify that I am physically fit and have sufficiently trained for the completion of this event and my physical condition has been verified by a licensed medical doctor.

Signature _____ Date _____

Parent's Signature _____ Date _____

(Required if under 18 years of age)