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25th
Annual
St. Nicholas Hospital
**FREEDOM
RUN09**
SHEBOYGAN WISCONSIN

SATURDAY **July 4** 7:30A.M.

FIVE-MILE RUN
TWO-MILE RUN
TWO-MILE WALK

**BENEFITING THE
FRIENDS OF ST. NICHOLAS HOSPITAL**

St. Nicholas Hospital

3100 Superior Avenue
Sheboygan, WI 53081

Address Service Requested

EVENTS

Two-Mile Noncompetitive Walk (no awards)
Two-Mile Run
Five-Mile Run

REGISTRATION

Preregistration

Register online at www.stnicholashospital.org/freedomrun or complete and return the attached registration form by **June 19, 2009**. Packets may be picked up at the Sheboygan County YMCA from 7:00 a.m. - 6:00 p.m. on Friday, July 3.

ENTRY FEE

Open Runs	\$15.00
Walkers	\$10.00
Family of Walkers	
Small Family (2-5 members)	\$25.00
Medium Family (6-9)	\$35.00
Extended Family (10-15)	\$50.00

(Fees include tank top)

AFTER JUNE 19, 2009

There is an additional charge of \$5.00 for registrations after June 19, 2009. Day-of-race registration available at the Sheboygan County YMCA from 6:30 - 7:00 a.m. Online registration is available until Noon on July 2, 2009.

AWARDS

Tank tops guaranteed to every participant who registers before June 19, 2009. Trophies to the overall run winners based on official start time. Medals will be awarded to first-, second- and third-place finishers in each age group. Awards given in both male and female categories. Awards ceremony follows the race. You must be present at the awards ceremony to pick up your award; awards will not be mailed.

RESULTS

Results will be posted at the Sheboygan County YMCA, www.stnicholashospital.org/freedomrunresults and in The Sheboygan Press. Results will not be mailed.

RAFFLE

Raffle prizes donated by Groove Salon, Grand Stay Residential Suites/Hotel, Bitter Neumann, Dutchland Plastics and Plymouth Foam. Raffle prizes limited to registered runners and walkers. Must be present to win.



DIRECTIONS

From I-43, take Hwy. 23 East, which becomes Kohler Memorial Drive and eventually Erie Avenue, to Sixth Street. Turn right, go six blocks to Pennsylvania Avenue. Turn left, go three blocks to Broughton Drive.

PARKING

Parking is available at the Sheboygan Armory, located at the corner of Pennsylvania and Broughton. Race registration is at the YMCA, three blocks north of the Armory. Traffic coming into the city may be heavy due to the parade, which begins at 9:00 a.m.

POST-RACE MESSAGE

Free 5-minute chair massages available for registered participants immediately after event.

SHOWERS

In cooperation with the Sheboygan County YMCA, showers will be available until 11:00 a.m. to all entrants after the event. Please remove all personal belongings from the YMCA by 11:00 a.m.

QUESTIONS

Contact the St. Nicholas Hospital Community Education Department at 920/459-4628 or freedomrun@sns.hshs.org

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COURSE RECORDS

2-mile Male
9:07 Tim Renzelmann (1991)

2-mile Female
10:34 Sue Daggett (1997)

5-mile Male
24:34 Tim Renzelmann (1986)

5-mile Female
29:57 Margie Schweinert (1988)

PLEDGE SHEET

Go to www.stnicholashospital.org/freedomrun to download the pledge sheet. Bring the completed pledge sheet **AND** any collected donations to the Freedom Run on Saturday, July 4, 2009.

BENEFICIARY

Proceeds benefit St. Nicholas Hospital through the Friends of St. Nicholas Hospital. All contributions given to the Friends provide community care and improved health services to our patients and throughout our community.

This event made possible by support from:



AJ Wholesale Produce
Associated Financial Group
Mountain Screenery
Plymouth Foam
Prevea Sheboygan
Rockline
Wigwam

FREEDOM RUN REGISTRATION

Please submit separate forms for each participant.

Name: First, Last _____

Male Female

Address (include Apt. No.) _____

City _____

State _____ Zip _____

E-mail _____

Telephone _____

I will be

Running 2 miles in age division

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

Running 5 miles in age division

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

Walking (Family name, if entering as family) _____
 (Please staple all family member registrations together and send with the fee.)

Tank Top — size (check one)

Youth (sz. 10-12)
 Men's Cut S M L XL XXL
 Women's Cut S M L XL XXL

In consideration of the foregoing, I for myself, my executors, administrators, and assignees do hereby release and discharge St. Nicholas Hospital, the City of Sheboygan, Sheboygan Police Department, the Sheboygan County YMCA, and all other entities and individuals who are in any way connected with the event from any liability or claims for damages, injury, or illness arising or growing out of my participation in the St. Nicholas Hospital Freedom Run. I represent that I have adequately trained and am medically able to participate in this event, recognize the risks of injury that accompany such participation, and acknowledge that this release is being relied upon by St. Nicholas Hospital in permitting me to participate. I grant full permission without compensation to St. Nicholas Hospital to use any photographs, recordings, or other reproductions of me participating in this event.

Entrant's Signature _____
 (If minor - parent or guardian signature)

Circle one: MasterCard Visa

Number: _____

Exp. date: ____/____/____ Amount: \$_____

MAKE CHECKS PAYABLE TO

St. Nicholas Hospital Freedom Run

Detach entry form and return to:

Community Education OR YMCA
 St. Nicholas Hospital 812 Broughton Drive
 3100 Superior Avenue P.O. Box 609
 Sheboygan, WI 53081 Sheboygan, WI 53082-0609