



# RACE DAY!

Houchens Industries  
L.T. Smith Stadium

- 6:30-7:15 am** Day of Race Registration  
Race Bib Pickup  
Pre-Race Snack
- 
- 6:30-10 am** T-Shirt Pickup near Gate 6
- 
- 7:30 am** 5K Run/Walk
- 
- 8:10 am** 10K Wheelchair Race
- 
- 8:15 am** Med Center Health 10K Classic
- 
- 8:30 am** Post-Race Snack
- 
- 9:45 am** Course Closed  
All runners and walkers must move to sidewalk
- 
- 9:30 am** Children's Classic Race – Grades 4-5  
**9:45 am** Children's Classic Race – Grades K-3  
*sponsored by SKY Pediatric Dentistry  
See website for details.*
- 
- 10 am** Overall Awards Ceremony  
Cash Prize Drawing

## VISIT OUR WEBSITE FOR INFO MCH10K.com

- Easy Event Registration
- Course Map
- FAQs
- Accommodations
- Directions to Race Site
- Race Results

## CORPORATE SPONSORS



## PASTA PARTY SPONSOR



## SUPPORTING SPONSORS



## MEDIA SPONSORS



## FOLLOW US!

Race updates, training information and more!  
Twitter @MedCenterHealth  
Facebook.com/MedCenterHealth10KClassic



**SATURDAY  
SEPTEMBER 23, 2023**



TITLE SPONSOR



PRINCIPAL SPONSORS

# EXPERIENCE THE TRADITION

Register now at **MCH10K.com**.



## ONLINE RACE REGISTRATION CLOSES AT MIDNIGHT

6/1-7/31	8/1-9/20	9/22-9/23	Under Age 18
\$35	\$45	\$55	\$25

For more information, call **270-796-2141**.

### REGISTER FOR THE RACE NOW



### PARTICIPANT PERKS

- Long-sleeve event T-shirt
- Medal (*upon completion of race*)
- Entry to the Health & Fitness Expo
- Entry to Pre-Race Pasta Party
- Pre-race snack
- Post-race snack
- Individual race results on 10K website
- Entry in **Early Bird Drawing**  
(2 participants will win \$500 if registered by 7/31/23)
- Opportunity to participate in the **Cash Prize Drawing**  
(See website for details)



## MED CENTER HEALTH HEALTH & FITNESS EXPO

**4:00-7:00 pm**

**THE MEDICAL CENTER-WKU  
HEALTH SCIENCES COMPLEX  
700 FIRST AVENUE, BOWLING GREEN, KY**

Sponsored by Med Center Health, the Health & Fitness Expo will feature vendors as well as provide free health screenings.

### US. FOODS PRE-RACE PASTA PARTY

Enjoy a delicious Pre-Race Pasta Dinner. Includes pasta, fresh garden salad, bread, dessert and beverage - FREE when you present your race number at the door.

Additional tickets can be purchased at the entrance.

### ENTRY FEES ARE NON-REFUNDABLE

**If you can't attend**, you can arrange to pick up your T-shirt and medal by calling **270-796-2141**.

### AWARDS

Top awards and age division awards will be given during the ceremony — no awards will be mailed. You may pick up your award at Med Center Health & Wellness if you are unable to attend the ceremony.

## RACE REGISTRATION FORM

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: [ ] [ ] [ ] - [ ] [ ] [ ] - [ ] [ ] [ ]

DOB: [ ] [ ] / [ ] [ ] / [ ] [ ]      Age: [ ] [ ]  
month      day      year      (As of 9/23/23)

Email: \_\_\_\_\_

Gender: ☐ Male ☐ Female

Warren County Resident: ☐ Yes ☐ No

\* For special First Place Male & Female 10K Finishers (Warren County, KY)

**EVENT** (Check one) ☐ 10K Run ☐ 5K Run/Walk  
☐ 10K Wheelchair Race

**T-SHIRT SIZE** (Check one)  
☐ Small ☐ Medium ☐ Large ☐ XLarge ☐ XXL

**ENTRY FEES 6/1-9/23**

6/1-7/31	8/1-9/20	9/22-9/23
<input type="checkbox"/> \$35 Age 18+	<input type="checkbox"/> \$45 Age 18+	<input type="checkbox"/> \$55 Age 18+
<b>Under Age 18</b>		
<input type="checkbox"/> \$25		

**METHOD OF PAYMENT**  
☐ Cash ☐ Check      Pay with credit card at MCH10K.com

**TOTAL DUE \$** \_\_\_\_\_

I hereby waive all claims for myself, my heirs and executors against Med Center Health related to my participation in the Med Center Health 10K Classic, its sponsors, agents, employees and any affiliated entities, for any and all claims and liabilities which may result therefrom. I assume all risks associated with participating in Med Center Health 10K Classic, known and unknown, including but not limited to, falls, injuries, contact with other participants, illnesses, the effects of the weather and conditions of the road, traffic, all such risks being known and appreciated by me. I further state that I am physically able to complete my registered event, and that I will abide by any rules/guidelines associated with the event. I understand that the race for the current year is being scheduled as an in-person event, that this is subject to change at the sole discretion of 10K officials depending on the status of the pandemic, and that the event may be changed to a "virtual event" without further notice. I grant full permission to use any photographs or video recording of me, or any other record of this event without my prior approval. I acknowledge and agree that my entry fee is not refundable.

Participant Signature: \_\_\_\_\_

Parent/Guardian Signature (If Under 18): \_\_\_\_\_

**Make checks payable and mail to:** Med Center Health 10K Classic  
740 E 10th Ave • Bowling Green, KY 42101