



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 K-5
sponsored by Graves Gilbert Clinic Pediatrics
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

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FOLLOW US!  

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



10K CLASSIC

Experience the Tradition



SATURDAY SEPTEMBER 14, 2024



TITLE SPONSOR



PRINCIPAL SPONSOR

EXPERIENCE THE TRADITION

Register now at MCH10K.com.



ONLINE RACE REGISTRATION CLOSING AT MIDNIGHT

6/1-7/31	8/1-9/11	9/13-9/14	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 7/31/24*)
- 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 9/14/24)

Email: _____

Gender: Male Female

Warren County Resident on Race Day: 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 XXLarge

ENTRY FEES 6/1-9/14

6/1-7/31	8/1-9/11	9/13-9/14
<input type="checkbox"/> \$35 Age 18+	<input type="checkbox"/> \$45 Age 18+	<input type="checkbox"/> \$55 Age 18+
Under Age 18		
<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