

## JIM GOKEY AWARD:

The Jim Gokey Award was presented for the first time in 1998. It will be given again this year to a nominee who has shown commitment toward his/her family, community, profession and sport. It has been awarded in the past to David Rice, Joe Faas, Larry Kirch, Mark Abraham, Darin Shepardson, Karen Gibson, Larry Webinger, Andy & Heather Klingsporn, Chuck Dockendorff, Judy Brennan, and Jon Brenner.

Please submit your nominations below, along with a brief statement as to why he/she should receive this award. The deadline is September 14, 2009. The award will be presented on September 19 at 8:30 a.m.

Nominee: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Reason for Nomination: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**14<sup>th</sup> Annual Scenic 5K Run/Walk**



**Proudly sponsored by**

**Franciscan Skemp**  
*Mayo Health System*

***Special thanks to our  
other sponsors:***

Honda Motor Werks

Hot-Line Freight Systems Inc.

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The Board Store

Hoch Orchards

La Crosse Sign Company

Golden Living Center



## GENERAL INFORMATION:

Course: The course is a point to point course beginning at Quillin's on Main Street and ending near Franciscan Skemp La Crescent Clinic on North Elm Street.

## ENTRY FEE:

\$15.00 per person through Sept. 11, 2009.  
After Sept. 11, fee will be \$18.00 per person.

Immediate Family Rate \$42.00 for the first 3 family members, \$12.00 for each additional person through Sept. 11, 2009. After Sept. 11, the first 3 family members pay \$50.00, each additional \$16.00.

## RACE PACKETS:

Race Packets can be picked up at the Franciscan Skemp Healthcare La Crescent Clinic, 524 N. Elm Friday, Sept. 18, 6:00 p.m. to 7:00 p.m., or Saturday, Sept. 19, 7:30 a.m. to 8:15 a.m., outside Quillin's in La Crescent.

## STARTING INSTRUCTIONS:

Please wear your race number on the **front** of your shirt. There will be pre-race instructions at 8:25 a.m. Splits will be at each mile.

## AWARDS:

Presentation of awards will take place at approximately 9:30 a.m. Trophies will be awarded to the top male and female runners. Medals will be awarded to the top 3 in each age class. Award winners must complete the race on their own.

## PRIZE MONEY:

\$25 for 1st overall Male & Female  
\$15 for 2nd overall Male & Female  
\$10 for 3rd overall Male & Female

## ENTRY FORMS:

Located at various businesses and health clubs in La Crosse and La Crescent. Forms can also be downloaded at [www.raceberryjam.com](http://www.raceberryjam.com) and at [www.applefestusa.com](http://www.applefestusa.com).

## RACE RESULTS:

Results will be posted on [www.raceberryjam.com](http://www.raceberryjam.com) approx. two weeks after the race (October 3).

## TRANSPORTATION:

Bus service will be provided to participants returning to the start of the race. For more information, contact Peter and Cheryl Franta, Race Directors, (507) 895-8953.

## RACE PROCEEDS

Proceeds from this race will go to the La Crescent Foundation, Jon Brenner fund, La Crescent High School Cross Country/Track, and towards two college scholarships (one male and one female).

## SPECIAL THANKS FOR DONATIONS:

Kwik Trip, Ready Bus Lines, Pepsi, Quillin's, Tri-State Bait and Tackle and all volunteers. Teresa Hase provided this year's t-shirt design. In addition, Fruit Acres & Leidel's Apples, Inc. have donated bags of apples to be presented to all participants. Hoch Orchards donated Apple cider for your enjoyment at the finish. Merchants Bank donated the billboard advertisement.

Connie & Steve Bowen donated the finish line tent.



This is a River City Running Club Racing Challenge (RC3) event.

**Mail to:** Scenic 5K Run/Walk; PO Box 55; La Crescent, MN 55947

**Entry Fee:** \$15.00 per person through Sept. 11, 2009.  
After Sept. 11, \$18.00 per person.

Family Rate (immediate); \$42 first 3, \$12 each additional through Sept. 11  
After Sept. 11, \$50 first 3, \$16 each additional person

## CHECKS PAYABLE TO APPLEFEST SCENIC 5K RUN/WALK

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

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Age as of 9/19/09: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

## Long Sleeve T-shirt Size:

Youth \_\_\_\_\_ Small \_\_\_\_\_ Medium \_\_\_\_\_

Large \_\_\_\_\_ X-Large \_\_\_\_\_ XXL \_\_\_\_\_

\*Please note: Register by Sept. 11, and you may choose your t-shirt size.  
We cannot guarantee t-shirt sizes after this date.

## Age Group: (Please check one)

9 & under \_\_\_\_\_ 10-14 \_\_\_\_\_ 15-19 \_\_\_\_\_ 20-29 \_\_\_\_\_

30-39 \_\_\_\_\_ 40-49 \_\_\_\_\_ 50-59 \_\_\_\_\_ 60-69 \_\_\_\_\_

70 & over \_\_\_\_\_

**WAIVER:** I know that running/walking a road race is a potentially hazardous activity. I assume all risks associated with participating in this event including but not limited to falls; contact with other participants or spectators; the effects of the weather including heat or high humidity; traffic or the conditions of the road surface; all such risks being known and appreciated by me. Having for my behalf, waive, release and hold harmless the City of La Crescent and La Crescent Apple Festival Inc., event organizers, property owners on which event is held, Franciscan Skemp Healthcare-Mayo Health System, and all other sponsors, donors and volunteers for this event, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event even though that liability might arise out of negligence or carelessness on the part of the persons named in this waiver. I grant permission to all of the foregoing to use any photographs, motion picture or record of this event for any legitimate purpose.

Runner \_\_\_\_\_ Walker \_\_\_\_\_ RC3 Participant \_\_\_\_\_

Entrant's Signature  
(required) \_\_\_\_\_

\*Must have signature of guardian if under 18.