

Saturday,
October 11, 2025
9:00 am
Pinckneyville
City Park



Competitive 5k
Run/Walk
1-mile Fun Run

Benefitting Baby Sarah's All-Inclusive Playground for Pinckneyville City Park.

When: Saturday, October 11, 2025 @ 9:00 am **Race Starts:** near Pinckneyville City Pool

5K Run/Walk Registration: \$30 Early / \$35 Reg /\$40 Last Minute (shirt not guaranteed for Last Minute)

1-Mile Fun Run Registration: \$20 Early / \$25 Reg /\$30 Last Minute (shirt not guaranteed for Last Minute)

Packet Pick up: Friday, October 10, 2025, at Wellness Center from 3:00 pm – 7:00 pm (Early pickup enters your name for prize)
Saturday, October 11, 2025, at Start Line from 8:00 am -8:45 am

Awards: Presented at Finish Line, following both 5K and Fun Run

Top overall male & female. Top two M/F runners in each age group: 13 & under, 14-19, 20-29, 30-39, 40-49, 50-59, 60+

For questions, please contact Casey McDonnough at 618-357-5935 | Email cmcdonnough@pvillehosp.org

Please detach the portion below and mail with check payable to Pinckneyville Community Hospital
Mail to: Pinckneyville Community Hospital, Attn: Wellness Warrior Run | 5383 St. Rt. 154, Pinckneyville, IL 62274

Wellness Warrior Run Registration Form

Full Name: _____ **Age on Race Day:** _____ **Gender:** Male Female

Street Address: _____ **City, State, Zip:** _____

Phone: _____ **Email:** _____

Emergency Contact Name: _____ **Phone:** _____

Event (choose one):

- 5K Run/Walk Race 1-Mile Fun Run/Walk

Race Fee Cash or Check price (online is \$2 more):

- 5K Run/Walk Registration **Early Bird:** July 21 to Aug 21, 2025, **\$30**
 5K Run/Walk Registration **Regular:** Aug. 22 to Sept. 26, 2025, **\$35**
 5K Run/Walk Registration **Last Minute:** Sept. 26, 2025, to Oct. 11, 2025, **\$40** (shirt not guaranteed)
 1-Mile Fun Run: \$20 Early / \$25 Reg /\$30 Last Minute
 Kids in strollers are FREE! No shirt will be provided.



By signing this registration form, I hereby agree that I, on behalf of myself and my heirs, agree to hold harmless Pinckneyville Community Hospital, the City of Pinckneyville and all affiliates for my health, safety, injury, disability, or death arising from or resulting from participating in this event. I give permission for all photos and information to be used for any legitimate purposes. I understand that no rain dates or refunds will be given in the event of conflict, illness, personal injury, weather, etc. Shirts and awards will not be mailed.

Preferred T-Shirt Size

(GTD if rec'd by 9/26/25):

- Youth S Youth M Youth L
 Adult S M L XL 2XL

Signature of Participant (Parent/Guardian consent if under 18)

Date

Office Use Only -Payment Type: Cash Check (payable to Pinckneyville Community Hospital) Online Registration # _____