

*Ripon*  
**CHAMBER**  
OF COMMERCE

**Saturday**

**February 25, 2012**

**8:30 am**

*30th* **ANNUAL**  
**ALMOND BLOSSOM**

**RUN**



In conjunction with the

*50th* **Annual**  
**Almond Blossom Festival**

Mavis Stouffer Park  
Corner of N. Manley Rd.  
and Stouffer St.  
Ripon, Ca. 95366

**Registration Fees:**

	10 & Under	Adults
Single Race	\$15	\$20
Both Races	\$20	\$25

**ATTENTION!**

FREE T-SHIRT DEADLINE IS:  
**WEDNESDAY, FEBRUARY 1, 2012**  
4:00 PM

THIS WILL BE YOUR ONLY  
OPPORTUNITY TO ACQUIRE A RUN  
T-SHIRT.

T-SHIRTS WILL NOT BE  
AVAILABLE FOR PURCHASE AT  
ANY TIME.

**Information:**

Ripon Chamber of Commerce  
P.O. Box 327  
Ripon, Ca. 95366  
Ph (209) 599-7519  
Fx 1-888-556-4944  
[www.riponchamber.org](http://www.riponchamber.org)



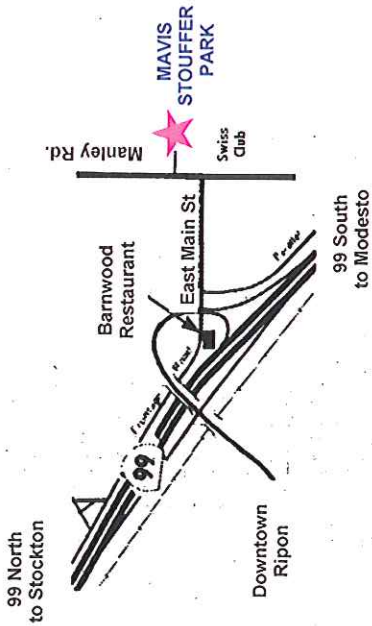
**30th ANNIVERSARY**  
**ALMOND BLOSSOM RUN**  
**SATURDAY, FEBRUARY 25, 2012**

**FREE T-SHIRT DEADLINE: WEDNESDAY, FEBRUARY 1, 2012**

Ripon Chamber of Commerce  
P.O. Box 327  
Ripon, CA 95366  
Return Service Requested

PRESORT STD  
AUTO  
U.S. POSTAGE  
PAID  
RIPON, CA  
PERMIT NO. 45  
95366

**MAP TO MAVIS STOUFFER PARK**



**LOCATION:**

START AND FINISH AT MAVIS STOUFFER PARK LOCATED AT 1000 STOUFFER STREET. ON THE CORNER OF MANLEY ROAD OFF EAST MAIN STREET, RIPON.

**COURSE:**

FLAT, PAVED STREETS AND COUNTRY ROADS.

**DIVISIONS:**

SEPARATE MEN'S AND WOMEN'S CATEGORIES.

**8K**

- 12 & UNDER
- 13-19
- 20-29
- 30-39
- 40-49
- 50-59
- 60-69
- 70-79
- 80 & Over

**1 MILE**

- 8 & UNDER
- 9-13
- 14-15
- 16-19
- 20-29
- 30-39
- 40-49
- 50-59
- 60-69
- 70-79
- 80 & Over

**WATER STATION:**

WATER WILL BE SERVED MIDWAY THROUGH THE 8K RUN. REFRESHMENTS WILL BE SERVED AT THE START/FINISH LINE FOLLOWING THE RACES.

**AWARDS**

**\$50 CASH** WILL BE GIVEN TO THE FIRST MALE AND FEMALE TO CROSS THE FINISH LINE IN THE 8K RUN.

**\$25 CASH** WILL BE GIVEN TO THE FIRST MALE AND FEMALE TO CROSS THE FINISH LINE IN THE MILE RUN.

MEDALS THREE DEEP IN ALL RACES AND ALL DIVISIONS FOR BOTH 8K AND 1 MILE RUN WILL BE GIVEN THAT DAY. NO MEDALS WILL BE MAILED!

**50th Annual Almond Blossom Festival**

Arts, Crafts, Food, Carnival, Parade, Fun Run and lots of Fun!!!

Friday, February 24 12p.m. - 9p.m.

Saturday, February 25 10a.m. - 9p.m.

Sunday, February 26 10a.m. - 5p.m.



*The Ripon Chamber of Commerce & The Shadow Chase Running Club Thank You for participating in the 30th Annual Almond Blossom Run.*

**SPONSORED BY: COSTCO WHOLESALE Modesto**

**ENTRY FORM**

PLEASE COMPLETE ENTRY FORM AND MAIL WITH CHECK (made payable to: *Ripon Chamber of Commerce*) TO:  
**ALMOND BLOSSOM RUN 2012**  
 P.O. BOX 327 · RIPON · CA · 95366

Last Name \_\_\_\_\_  
 First Name \_\_\_\_\_  
 Age (on day of race) \_\_\_\_\_ Gender M \_\_\_\_\_ F \_\_\_\_\_  
 (Date of Birth) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone ( \_\_\_\_\_ ) \_\_\_\_\_  
 Your Email Address: \_\_\_\_\_

**Adult Shirt Size:** (if not specified Large will be given)

Small Medium Large X-Large XX-Large

Please circle the race / races you will be participating in.

1 Mile 8K

BIB NUMBER <small>office use only</small>	BIB NUMBER <small>office use only</small>
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**HOLD HARMLESS:**

I agree to indemnify, protect and defend and hold the City of Ripon, the Ripon Chamber of Commerce, and the Almond Blossom Festival Committee, and the officers, directors, shareholders, partners, representatives, agents, successors, members, assigns and all claims, demands, proceedings, causes of action, suits, damages, liabilities, fines, penalties, costs to comply with court and public agency directives, losses, costs and expenses (including, without limitation, attorneys' and consultants' costs, expenses and costs incurred in settling indemnified claims either before and after litigation is commenced) arising out of my participation, or the participation of my child in the athletic event. I agree that I and/or my child enter and compete at my/his/her own risk.

All registration fees are non-refundable.

**SIGNATURE OF ENTRANT**

(SIGNATURE OF PARENT/GUARDIAN IF UNDER 18)

DATE: \_\_\_\_\_

Ck. # \_\_\_\_\_ Amt\$ \_\_\_\_\_ Date rec'vd \_\_\_\_\_