

# KENTUCKY REMEMBERS



ENJOY YOUR FREEDOM. IT WAS PAID FOR.

**SATURDAY  
NOVEMBER 5**

OWENSBORO, KY

8:00 AM 5K, WALK, FUN RUN  
2:00 PM VETERANS DAY PARADE  
7:00 PM CELEBRATION CONCERT

[www.kentuckyremembers.org](http://www.kentuckyremembers.org)

## VETERANS DAY 5K, 1-MILE WALK & FUN RUN FOR LITTLE WARRIORS

**SATURDAY, NOVEMBER 5<sup>TH</sup> 8:00 AM**

**RACE BEGINS AT THE SHELTON MEMORIAL SMOTHERS PARK**

Presented By:



This run/walk is to Honor and Remember the sacrifice of thousands of American soldiers who have paid the ultimate price for our freedom. Since 9/11, Kentucky alone has lost 113 heroes. Runners are encouraged to carry one of the marked flags and/or wear a tribute in memory of a fallen hero.

### Entry Fees

\$25 Pre-registered by October 15<sup>th</sup>  
\$30 After October 16<sup>th</sup>  
\$20 Student and Active Duty Military  
T-shirt for preregistered; others while supplies last  
Registration 6:30 a.m. – 7:30 a.m.  
Race 8:00 a.m. Awards 9:30 a.m.  
Door Prizes

### Awards

Overall Male & Female  
Top 3 Male & Female runners each division  
10 & under / 11-19 / 20-29 / 30-39  
40-49 / 50-59 / 60-69 / 70 & over  
All Little Warriors  
Chip Timed by Rise Up & Run  
Breakfast by VFW Post 696 Ladies Auxiliary

### Proceeds to Benefit:

\* Bluegrass Chapter of the Honor Flight  
\* Warrior 180  
\* Honor and Remember Organization  
\* Kentucky Chapter of the  
American Gold Star Mothers  
\* Brandon Scott Mullins Memorial Foundation

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_  
Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Gender \_\_\_\_\_  
Service Branch \_\_\_\_\_  
T-shirt size S M L XL 2XL Other \_\_\_\_\_

Please mail completed form and entry fee to:

Payable to AGSM – Kentucky Chapter  
c/o Cathy Mullins, 4031 Reliant Circle  
Owensboro, KY 42301

Or register online at [www.kentuckyremembers.org](http://www.kentuckyremembers.org)

The following release must be signed to complete registration:

In consideration of the acceptance of my entry, I for myself, and executors, administrators and assignees, do hereby release and discharge Independence Bank, Owensboro Health, City of Owensboro, Daviess County, and the State of Kentucky and all auxiliary sponsors of the aforementioned organizations from all claims of damage, demands, actions whatsoever in any manner arising or growing out of my participation in said athletic event. I attest and verify that I am physically fit and sufficiently trained to participate in this event. I authorize the aforementioned organizations to use my image in any marketing or communications materials related to this event.

Signature \_\_\_\_\_ Date \_\_\_\_\_

If under 18 must be signed by legal guardian.

For more information contact Cathy Mullins 270-316-9203 or email [cathy.mullins25@gmail.com](mailto:cathy.mullins25@gmail.com)



SPC BRANDON SCOTT MULLINS  
MEMORIAL FOUNDATION

