

## Cabot Country Cruisers

We are a running, walking, cycling, tri/swim club located in Cabot, AR. Our club is a member of the Road Runners Club of America (RRCA) and our athletes compete in local Arkansas Grand Prix races along with marathons, 1/2 marathons, triathlons, duathlons, Ironman, Ultra running, and various cycling events locally & across the country.

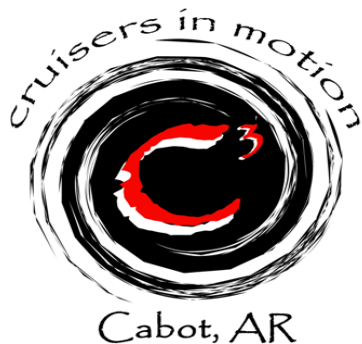
Our goal is to promote a healthy lifestyle in both adults & youth of our community.

## HOW TO BECOME A CRUISER

VISIT OUR WEBSITE AT:

[WWW.CABOTCOUNTRYCRUISERS.ORG](http://WWW.CABOTCOUNTRYCRUISERS.ORG)

AND VISIT US ON FACEBOOK



## Special Thanks to our Sponsors:

**CABOT A&P**

**WINDSTREAM**

**ROCK CITY  
RUNNING**

**SPORTY  
RUNNER**

**FIRST  
SECURITY  
BANK**



# SPRING FLING 5K

**March 22nd, 2014**

**Cabot AR, 8:00AM**

**[www.Springfling5K.com](http://www.Springfling5K.com)**



Cabot, AR

USATF COURSE CERTIFICATION # :  
AR97002DLP

**RACE PROCEEDS BENEFIT  
CABOT SCHOOL DISTRICT PE**

It's about  
**\*\*\*KIDS**  
Cabot Public Schools

**Cabot High School Field House**

**Address:**

**401 North Lincoln St**

**Cabot, AR**

**Race start time 8am**

**Race day registration ends at 7:45am**  
**\*Arrive at least 30 minutes early to pick  
up race chip.**

**Race Director**

**Nathan Castle**

**[Nate\\_castle@yahoo.com](mailto:Nate_castle@yahoo.com)**

## COURSE DESCRIPTION

The Spring Fling course starts on Bellamy Street, just outside of the Cabot High School Field House. The route heads south for 1/4 mile before turning left onto Main St. The race moves into a tree-lined residential area, and turns south onto Honeysuckle Ln. The runners will curve along this road, merging onto Linda Lane and continuing south to reach the 1st mile marker. Just after beginning the 2nd mile, the course turns runners south onto G street for a small loop before returning to Linda Lane to head back to the north. Once the runners have returned to Linda Lane they will pass the 2nd mile marker. The third mile returns the runners to Honeysuckle, Main St and then north on Bellamy to pass the starting line. The route then turns into the Field House Parking Lot and turning down the ramp to enter the Stadium. The course turns left on the track where runners will hit the 3 mile marker just before the back turn leaving runners just the turn and a short straightaway until the finish line.

### Parking

Park Vehicles in the parking lot on the north side of the track off of N. Lincoln St. Please do not park in the parking lots on either side of the field house.

### Awards

**Awards are given to the top 5 Finishers in each age group category as well as to the top 3 overall finishers Top Ten Male/Female Walkers overall will receive awards**

## ATTENTION WALKERS

**\*\*\*PARTICIPANTS WHO SIGN UP AS A WALKER MUST WALK THE ENTIRE RACE. IF YOU PLAN TO RUN AT ALL SIGN UP AS A RUNNER. THIS IS OUT OF CONSIDERATION OF THOSE WHO WALK COMPETITIVELY. \*\*\***

### Strollers

**Jogging Strollers are not allowed on the spring fling course. Sorry this is for safety reasons.**

### FEE'S

**KIDS RACE \$10  
5K RUNNER/WALKER \$20  
FAMILY MAX \$50  
(Family is parents and children in the same household)**

**Send Staff Wellness & Student ENTRIES TO BUILDING COORDINATORS DEADLINE TO REGISTER-MARCH 14**

#### Staff Wellness Divisions

Team Trophy (Greatest percentage faculty/staff participants from building/department)  
Team Trophy (Best costumes from a building/department)  
Medals (Top Male and Female district employee runners)  
Medals (Top Male and Female district employee walkers)

#### Student Wellness Divisions (Must pre-register with building coordinators to be counted in school contest)

Team Trophy (Greatest number of student participants from a building/department)

ENTRY FORM (ONE PER PARTICIPANT)  
Check appropriate box Pre Registered / Race Day

<input type="checkbox"/>	Kids Race	\$10
<input type="checkbox"/>	5K Runner	\$20/25
<input type="checkbox"/>	5K Walker (see walker note)	\$20/25
<input type="checkbox"/>	Family Rate	\$50/(no race day family rate)
<input type="checkbox"/> I am an employee/student of Cabot Schools and wish to be counted in the school division prizes, please check this box and submit entry form to a building coordinator by March 17, 2014. School _____		<input type="checkbox"/> TOTAL
Make Checks Payable to : Cabot Country Cruisers		
First Name:	Last Name:	
Street Address:		
City, State, Zip		
Email Address:		
Daytime Phone Number:		
Age on March 22, 2014:	DOB:	MALE OR FEMALE(Circle)
Shirt Size __YS __YM __YL __S __M __L __XL __2XL (\$2 extra) __3XL(\$3 extra) Race Shirts Not Guaranteed for entries after March 14 <sup>th</sup> , 2014		
I know that running a road race is potentially hazardous activity which could cause injury or death. I will not enter and participate unless I am medically able and properly trained, and by my signature, I certify that I am medically able to perform this event, and am in good health, and I am properly trained. I agree to abide by any decision of a race official relative to any aspect of my participation in this event, including the right of any official to deny or suspend my participation for any reason whatsoever. I assume all risks associated with running in this event, including but not limited to: falls, contact with other participants, the effects of the weather, including high heat and/or humidity, traffic and the conditions of the road all such risks being known and appreciated by me. I understand that bicycles, skateboards, baby joggers/strollers, roller skates or roller blades, animals, and headsets are not allowed in the race and I will abide by this guideline. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the Spring Fling 5K, the city of Cabot, Cabot Country Cruisers and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver.		
Signature(Parent/Guardian if under 18)		Date:

