

# memorial

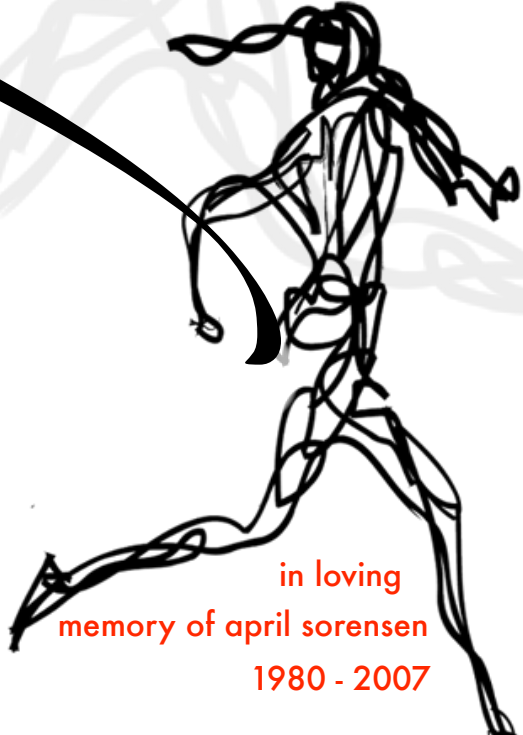
the athlete, the girl

the strength, the determination

the beauty, the smile

the hard work, the passion

the love, the inspiration



in loving  
memory of april sorensen  
1980 - 2007

april sorensen memorial inc.

82017 county road 46 hayward mn 56043

T: 507.377.2568 F: 507.377.2580

W: [www.livealoughloverun.com](http://www.livealoughloverun.com)

APRIL SORENSEN  
MEMORIAL  
half marathon & relay



JULY 8  
2017  
albert lea mn

livealoughloverun

## road race details

usa track & field certified & sanctioned  
champion chip timing

### friday july 7

5:00-9:00pm - registration and  
packet pick-up at country inn &  
suites (albert lea)

### saturday july 8

6:00-6:45am - registration and  
packet pick-up at country inn &  
suites (albert lea)

7:30am - race start

10:00am - awards presentation

**Race start time**  
**7:30 a.m.**

the race starts in albert lea,  
runs along the albert lea  
lake and finishes in  
hayward, in collaboration  
with hayward days.

### prize money

Half Marathon Individual Runner Awards  
\$500 -first place male & female  
\$250 - second place male & female  
\$100 - third place male & female  
all finishers receive a finishers medal

Half Marathon Relay Team Awards  
\$100 - first place male team  
\$100 - first place female team  
\$100 - first place coed team  
both runners in relay team completing the  
race will receive a finishers medal

circle one: individual entry relay member #1 relay member #2 t-shirt size: s m l xl xxl  
april sorenson memorial half marathon & relay 2017 entry form

registration fees:	individuals	relay teams
on or before june 1, 2017	\$40	\$80
june 2 - june 30 2017	\$50	\$100
july 7 or july 8, 2017	\$60	\$120

relay team name(required)  
M / F / CoEd each relay member MUST fill out a form. please mail BOTH forms and money together.

name \_\_\_\_\_

address \_\_\_\_\_

city \_\_\_\_\_ state \_\_\_\_\_ zip code \_\_\_\_\_

phone \_\_\_\_\_ age on race day \_\_\_\_\_ / \_\_\_\_\_ gender m / f

email \_\_\_\_\_ birthdate \_\_\_\_\_ / \_\_\_\_\_

i understand that running a road race is potentially dangerous activity. i certify that i have full knowledge of the risks involved in this event & that i am physically fit & sufficiently trained to participate. i do hereby waive and release any and all claims for damages that i may incur as a result of my participation in this event against the organizers, sponsors, promoters, municipalities, volunteers & officials of these organizations.

signature: individual, relay member or child's parent/guardian if under 18 years old \_\_\_\_\_ date \_\_\_\_\_  
make check payable to and mail forms to: april sorenson memorial inc 82017 county road 46 hayward mn 56043

www.**live**laugh**loverun**.com register online @