



Rotary Club of Cadillac
 27th Annual
STRIDE for S.T.R.I.V.E. 5k
 Students Taking a Renewed Interest in the Value of Education

Memorial Day 5k Run/Walk | Monday, May 25, 2026

Starts and ends behind Cadillac Senior Center (601 Chestnut Street)
 Race Day Registration @ 7 am | Race starts @ 8:30 am

THANKS TO OUR GENEROUS SPONSORS, hundreds of youth participate at no charge!

- | | | |
|---|---|---|
| <ul style="list-style-type: none"> ● Dynamic Physical Therapy ● Rexair ● Dental Health Professionals ● 4Front Credit Union ● Baker College of Cadillac ● Cadillac Area Public Schools ● Wexford Senior Care Center | <ul style="list-style-type: none"> ● Munson Healthcare Cadillac Hospital ● Forest Area Federal Credit Union ● Holiday Inn Express ● Edward Jones - Amy Schmid | <ul style="list-style-type: none"> ● Wexford Senior Care Center ● Cadillac Area Community Foundation ● CACF Youth Advisory Committee ● Baker Auto Group |
|---|---|---|

\$25 Preregistration or \$30 Race Day
 Preregistration ends May 26 at noon

T-shirts guaranteed for first 400
 Online registration: <https://bit.ly/3trLQK3>

Mail Registration Form to address below OR bring on race day

Name: _____	Date: _____
Email: _____	Gender: Male Female (circle one)
Address: _____	Adult T-shirt size: (circle one)
City: _____ State: _____ Zip: _____	XS – S – M – L – XL – XXL
Age on race day: _____ Date of Birth: _____	

I know that running a road race is a potentially hazardous activity, which could cause injury or death. By my signature, I certify that I am medically able to perform this event. I assume all risks associated with participating in this event, including but not limited to: falls, contact with other participants, weather, traffic and road conditions. 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 Cadillac Rotary Club, Epic Race Timing, the City of Cadillac and all event sponsors and 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 those named in this waiver. I grant permission to all of the foregoing to use my photographs, motion pictures, recordings or any other record of this event for any legitimate purpose. I understand there are no refunds in the event of cancellation.

Signed: _____	Date: _____
Parent/Guardian if under 18: _____	Date: _____

Method of Payment: <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> CHECK/MONEY ORDER		
Name on card:		
Address of cardholder:		
Send check (no cash) payable to: ROTARY CLUB OF CADILLAC Mail to: STRIDE for S.T.R.I.V.E. P.O. Box 481 Cadillac, MI 49601	Credit Card Number	
	Expiration Date:	CVN: (on back of card)