



LIEUTENANT COLONEL (RET) MELVIN T. INGRAM, USMC

Lieutenant Colonel (RET) Melvin T. Ingram, USMC

5th Annual Memorial 5K Family Run/Walk May 28, 2016

Central State Hospital Campus
620 Broad Street (Pecan Orchard)
Milledgeville, GA 31062

Event Specifics

- Date:** Saturday, May 28, 2016, Race starts at 8:00am
Location: Central State Hospital Campus, 620 Broad St (Pecan Orchard), Milledgeville, Georgia 31062
Register: Race day registration begins at **6:30am** at the Powell Bldg.
Online registration available at www.active.com
Team registrations are welcome and must be done via phone at 360-909-1739. Teams of 10 or more will receive a discount.
Cost: \$20 up to May 18th, \$25 after May 18th and through race day.
Course: Course is run on paved streets entirely within the Central State Hospital Campus.
Awards: Overall Male/Female, Masters Male/Female and top three male/female runners in 5 year age groups beginning at 10 and under through 75 and over.
Goodies: T-shirts are guaranteed to all pre-registered participants registered by May 18th and as supplies last for race day participants.
Refreshments will be available after the race.

Event Description

The 5th Annual Ingram Memorial 5K Family Run/Walk is a fundraising event to support the **Willie R. (Bill) Ingram, Jr. and Lt. Col. (Ret) Melvin (Mel. T) Ingram, USMC, Scholarship Fund** and to raise awareness of Hypertensive Arteriosclerotic Cardiovascular Disease. Your support helps cover all event costs and money generated during the event goes directly to the Willie R. (Bill) Ingram, Jr. and Lt. Col. (Ret) Melvin (Mel. T) Ingram, USMC, Scholarship Fund. We welcome your participation in our corporate and private funding program which includes sponsor levels that can be found at www.meltingram.com.

Event Contacts:

Barbara Ingram Stone
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Lisa Taylor Marks
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David Hopkins
478-251-1829
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Entry forms may be copied - One entry per form

Make checks payable to Mel T. Ingram Foundation

Mail completed entries to:

Ingram Memorial 5K

c/o Classic Race Services, 1860 Barnett Shoals Road, Suite 103-498, Athens, GA 30605

NAME: _____ DOB: _____ AGE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SHIRT SIZE: S M L XL XXL E-MAIL: _____

Waiver: I hereby release the hosts, sponsors, volunteers, and officials of the Lt. Col. (Ret) Melvin T. Ingram, USMC, Memorial 5K Run/Walk from all claims of injury or damages resulting in my participation in said event. I realize this is a strenuous event and I am in proper physical condition to participate.

Signature (under 18, parent or guardian) _____ Date: _____

Thank you for your support!

www.meltingram.com

<https://www.facebook.com/LtColRetMelvinTIngramUsmcMemorial5kFamilyRunWalk>