



2026 FLIP FLOP 5K

Kids 5K & Adults 5K
Saturday, May 16th, 2026
to benefit



Davison Chamber of Commerce & Cardinals Care

- START TIMES:** 5K Run/Walk - 10AM (Adult & Kids Divisions!)
- LOCATION:** Lake Callis Recreation Complex - 1152 N Gale Rd, Davison, MI 48423
- REGISTRATION:** Register online at [runsignup.com/flipflop5k](https://www.runsignup.com/flipflop5k) or mail registration form to:
Great Lakes Race Management OR Davison Chamber of Commerce by Friday, **MAY 8th**
- PACKET PICKUP:** Lake Callis Recreation Complex - 1152 N Gale Rd, Davison, MI 48423
May 15th (Race Morning) 8:00am - 10:00am
- ENTRY FEE:** Adult 5K Run: \$40 before April 5th; \$45 until Race Day
Kids 5K Run: \$25
- AGE GROUPS:** Male and Female awards given to top three finishers of each race in each age group: 13 & under, 14-19, 20-29, 30-39, 40-49, 50-59, 60-69, 70 & over
- POST RACE:** Enjoy post race refreshments from Davison Home Bakery!



RACE INFO/MAPS: www.runsignup.com/flipflop5k - check the tabs at the top of the page for all race related information

2026 Flip Flop 5K (Davison, MI.)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Birth Date: (MM/DD/YYYY) _____ Sex: M F

Shirt Size: XS S M L XL XXL (\$2 extra) \$ _____

No shirt included if using a Crim Voucher – will be available for \$10 while supplies last

Event (see above for amount): \$ _____

Additional donation to support: \$5 \$10 Other \$ _____

Total Amount Enclosed \$ _____



**Make checks payable and mail to: Great Lakes Race Management
3095 McGinnis Dr., Fenton, MI. 48430**

In consideration of the foregoing, I, for myself, my heirs, executors, administrators, personal representatives, successors and assigns, waive and release any and all rights, claims and courses of action I have or may have against Great Lakes Race Management, Genesee County Habitat for Humanity and its affiliates, their agents, employees, officers, directors, successors and assigns and any and all sponsors, their representatives and successors, that may arise as a result of my participation in the 2025 Bastille Day Race 15K Run and 5K Run/Walk and any pre- and post- event activities. I attest and verify that I am physically fit and have sufficiently trained for the completion of this event and my physical condition has been verified by a licensed medical doctor. Further, I hereby grant full permission to any and all of the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose including commercial advertising, without monetary payment to me.

Athlete or parent/guardian signature _____ Date _____

