Enjoy a beautiful course in the Cache
La Poudre River Corridor Natural
Areas, in north Fort Collins!
The event begins at
Legacy Park, into the
Salyer and McMurray
Natural Areas, returning on
Poudre River Trail.
The Route will follow gravel and
paved foot trails.

www.fcgov.com/naturalareas
This is not a timed event



Walking for Wellness proceeds
benefit the members of
Spirit Crossing Clubhouse,
A program serving adults
working toward recovery.

Special thanks to our community partners

~ Rob Corbari Design



NAMI CO -- Larimer County

National Alliance on Mental Illness

Spirit Crossing Clubhouse

125 Crestridge Street Fort Collins, CO 80525

Phone: 970-493-4053 Fax: 970-221-0139

E-mail: spirit.crossing@larimercenter.org



A program of



Spirit Crossing Clubhouse supports adults with Mental Health disorders as they pursue their personal, social, financial and vocational goals.

We believe one's wellness depends upon experiencing positive work opportunities, meaningful social relationships, having one's skills and talents needed by others and promoting independence through community involvement.

The Spirit Crossing community seeks to reduce the stigma of mental illness through community education and outreach.

Mental Illness Awareness Week
October 3th to 9th
"Building Community, Taking
Action"

Walk In early Registration available on Friday, October 8th 3:00 to 6:00 pm at Spirit Crossing Clubhouse.

\$20 event fee

Day of Event Registration will begin at 8:15am, cost is \$25
Start time 9:00am, breakfast following course completion.

Mail Registration to:

125 Crestridge Street Fort Collins, CO 80525

Phone: 970-493-4053 Fax: 970-221-0139

E-mail:

spirit.crossing@larimercenter.org

Pre-registration Form

Entry includes t-shirt and breakfast			
Name			
Name			
Quantity			
□ 5K entry \$20.00			
□ T-shirt Size M L XL			
Additional T-shirts M L XL \$15.00			
☐ Additional T-shirt XXL or ——— \$18.00 XXXL			
Total: ——			

Mailing address		
· ·		
Phone or email		

IV	lethod of Paymer	nt
□ Check	☐ Cash	
☐ Master Card	□ Visa	
Credit Card #		Exp. date
Full Name of ca	rd holder	3 digit security

Signature