2nd Annual George Wah Memorial 5K Cross Country Race

Veterans Park, Hamilton Township

Sunday, August 25, 2013







Registration: 7:30am at a location adjacent to the dog park

Start Time: 9:00am

<u>Course</u>: The Veterans Park Cross Country Course accessible via Kuser Rd entrance

- T-Shirts to all pre-entries received Post entries while supplies last
- · Refreshments after the race.
- Door prizes after the race
- Awards to:

Top overall male & female

Top 3 male and female finishers in each age group

Top finishing all male & all female teams*
(Top five finishers on winning teams get the awards)

Age Groups: Male & Female

13 & under 19-29 40-49 60-69 14-18 30-39 50-59 70 +

- Traffic free course
- Results will be posted on: www.BandLracetiming.com

*Teams: If you want to be part of a team, you must have a minimum of five finishing members in order to score (team name to be identified on entry form). Do not select the name of a school as your team name. Team members can be from varied age groups, but must be the same gender. You may have more than five runners on your team

For Information call: Larry Baldasari: 609-577-7314 or Andre Modica: 267-566-2582

Entry Fee: \$20.00

Day of Race Entry Fee: \$25.00

Register On line: www.active.com or www.practicehard.com

or

Mail Entries to: Andre Modica 278 Swift Rd

Langhorne, Pa 19047

Mailed entries must be postmarked by **August 15,2013**

Make Checks payable to: "Capital Track & Field Officials"

ALL PROCEEDS GO TO THE "GEORGE WAH MEMORIAL SCHOLARSHIP FUND"

George Wah Memorial 5K Cross Country Race - Please read carefully and sign

In consideration of your accepting this entry to the George Wah Memorial 5K Cross Country Race, I waive all claims for myself, my heirs, and assigns against the Capital Track and Field Officials, The George Wah Scholarship Committee, Hamilton Township, and all sponsors for injury or illness which may result from my participation. I further state that I am in proper physical condition to compete in this race.

In addition, I attest that I fully understand the risks involved in running 5K (3.1 miles). In no instance or circumstance will I bring suit upon any person(s) or any entity or agency associated with the conduct of the George Wah Memorial 5K Cross Country Race. I fully understand and agree with the content of the waiver I am signing.

| Signature Please print | | | (Pare | (Parent or guardian if under 18) | | |
|---------------------------|------|-------------|----------------------------|----------------------------------|----------|--|
| Last Name | | First Name | | | | |
| Address | | City | | | | |
| Email Address | | | | | | |
| State | Zip_ | Phone# | | Sex | MF | |
| Age on race day: Birth Da | | te: | Team Name: (If applicable) | | | |
| Shirt Size (Check One): | | Adult Small | Adult Medium | Adult Large | Adult XL | |