

3rd Annual Archbald Borough Health Awareness 5K Run/Walk

Proceeds to benefit this year's honoree, Jon Pulman,
who is suffering from a rare neurological disorder.

Saturday, August 14, 2010
9:00 AM Race Start – Registration 7:30-8:45

Entry Fee: Pre-Registration \$12.00 by Saturday July 24th – Entries must be post-marked by this date in order to guarantee a t-shirt!

Race day Registration - \$15.00 – (limited number and sizes of t-shirts)

**Race-Day Registration will be held from 7:30 – 8:45 at the Archbald Borough Building, which is located on Church Street in Archbald across from St Thomas Aquinas Church. T-shirts are limited on race day so register early to guarantee you get the correct size! The race will start at 9:00 AM with walkers lining up behind runners. The run/walk will start and finish at the Borough building and will take place rain or shine!

Race applications are available by emailing archbaldcancer5k@hotmail.com or by visiting www.archbaldborough.org. Applications are also available at the Archbald borough building.

For more information, please contact Lisa at 570-489-4475 or by email at the address listed above.

.....

The 3rd Annual Archbald Borough Health Awareness 5K Run/Walk Entry Form

Pre-registration - \$12.00 by Saturday, July 24th 2010
Day of Race - \$15.00 (7:30 – 8:45 AM)

Name: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____ Date of Birth: _____

**Age: _____ **Gender: _____ **Required Information for age group awards

Circle One: RUN WALK T-Shirt Size: (circle one) S M L XL

WAIVER APPROVAL: (ALL ENTRANTS MUST SIGN)

I know that participating in a road race is a potentially hazardous activity. I should not enter unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to safely completing the run/walk. I assume all risks associated with running in this event including but not limited to falls, contact with other participants, the effects of weather, and all such risks being known and appreciated by me. Having read this waiver and knowing these facts, I waive and release Archbald Borough and all sponsors and volunteers from all claims or liabilities of any kind arising out of my participation in this event.

Signature: _____ Date: _____

Please use parent signature if under age 18

** Make check payable to Archbald Borough and mail check and entry form to Archbald Borough Building
400 Church Street
Archbald PA 18403