

Washingtonville Scholarship Run

16th

TIME 10:00 AM

Saturday

April 4, 2009

START and finish at Washingtonville High School, 54 W. Main St., Washingtonville, NY

COURSE - FAST and FLAT - Main St. USTFA Certified course NY03013AM

Course Records

Joe Straub 15:24

Marisa Hanson 17:52

There are 4 ways to participate:

***5K RUN** - Medals given to top three in 5 year age groups

9+under, 10-12,13-15, 16-19, 20-24,25-29, 30-34,35-39, 40-44,45-49, 50-54,55-59, 60-64,65-69, & 70+up

***5K WALK** - (For serious walkers) Medals given in 5 women's and 3 men's groups [People who run will be disqualified]

Walkers will start 2 minutes after the runners and will have a different color race bib.

***5K "WOG"** - For those who want to jog but may have to walk some. Walk JOG

OR for those who want to walk but may have to jog some.

***KID'S RUN** - On the High School track distances from 50 meters to 800 meters. (Age appropriate distances)

Starts at 11:00 AM - Each finisher will receive a ribbon.

First 60 to register will receive a T-shirt provided by Washingtonville Pediatrics.

T-SHIRTS - will be given to all participants in the 5K run, walk and "WOG", who have pre-registered by

March 20, 2009. Your application must be in by or postmarked by March 20, 2009 to receive a custom designed T-Shirt.

Awards: The top three overall women and men will receive a custom designed trophy. Medals to top 3 / age group

PROCEEDS go to the Washingtonville Scholarship Run Exemplary Student Scholarships.

REGISTRATION: Race Day registration and Packet Pick-up will be in the High School cafeteria

8:00 AM to 9:35 AM Saturday, April 4, 2009.

Entertainment: Jay Bird will provide music

ENTRY FEE: 5K

\$13 Postmarked by 3/20/09

\$18 race day

Kid's Run

\$ 3 Postmarked by 3/20/09

\$ 5 race day

MAKE CHECKS PAYABLE TO: Washingtonville Scholarship Fund

Race Contacts:

Washingtonville Scholarship Run

54 West Main Street

Washingtonville, N.Y. 10992

Phone - (845) 497 - 4000

OR

John Shepherd

16 Emerson Drive

Washingtonville, N.Y. 10992

Phone - (845) 496 - 7771

E-mail: jshepherd@ws.k12.ny.us

HEALTH FAIR: Will take place at the High School on April 4, 2009 - See lots of great healthy stuff.

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APPLICATION - ENTRY FORM

Please Print !

Official use only

NAME _____

Check # _____

ADDRESS _____

Bib # _____

CITY _____ STATE _____ ZIP _____

Phone _____ SEX _____ AGE on 4/4/09 _____ Birth Date _____

5K CATEGORY

T - SHIRT 5K only

Check One

Check One

____ 5K RUN

____ Youth Large

____ 5K WALK

____ Small

____ Large

____ 5K "WOG"

____ Medium

____ X Large

Kid's CATEGORY

T - SHIRT Kid's Run

Check One

Check One

____ KID'S RUN

____ Youth Medium

____ Youth Large

In consideration of my entry, I hereby for myself, my heirs, executors, administrators and assigns, waive and release any and all claims for damages I may have against The Village of Washingtonville, Washingtonville Central School District, Sponsors, Race Officials, Their representatives, successors and assigns, arising from any and all injuries suffered by me while participating in the Washingtonville Scholarship Run. I hereby attest and verify that I am physically fit and have trained for the completion of the event and that my condition has been verified by a Licensed Medical Doctor.

SIGNATURE _____ PARENT SIGNATURE (if under 18) _____