

# Peters Township 5K Race



**Date:** Saturday June 17, 2017 at 9:00 a.m.

**Registration:** 7:30 to 8:45 a.m. at the Community Recreation Center

**Location:** Peters Township Community Recreation Center

**Course:** 5K (3.1) loop course, water stop available

**Prizes and Awards:** Top 3 male and Top 3 female overall  
First Place in each age group by gender

**Special Categories:** Husband/wife • Parent/child • Siblings

Special Category rules – All Special Category entries must be submitted together  
Limit one Special Category per person

**Age Groups:** 10 & under      11 & 12      13 & 14      15 – 19      20 – 29  
30 – 39      40 – 49      50 – 59      60 +

**Entry Fee:** \$20 if returned to the Parks and Recreation or postmarked by June 2, 2017 (pre-registration)  
\$25 after June 2, 2017

**T-Shirts:** Distributed to runners on race day (while supplies last)  
**Pre-registered** (by June 2nd) participants guaranteed a t-shirt please indicate size:  
YS (6-8) \_\_\_\_\_ YM (10-12) \_\_\_\_\_ YL(14-16) \_\_\_\_\_ S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_

**Sponsorship:** Sponsorships are available for businesses wishing to support the effort and reach the Peters Twp community.

**Information:** Contact the Peters Township High School Cross Country Booster Club at peterstwpxc@gmail.com.

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## 2017 PETERS TOWNSHIP 5K RACE

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Sex: Male or Female (circle one) Special Category: \_\_\_\_\_

**Payments may be dropped off at the Community Recreation Center Front Desk:** Peters Township  
\*\*Cash or checks only (Checks made payable to PT Cross Country Booster Club) 700 Meredith Drive  
Venetia, PA 15367

WAIVER: By signing, I hereby for myself, my heirs, executors, and administrators, waive and release any and all my rights and claims for damages I may have against the Cross Country Booster Club, Peters Township Park and Recreation Department, the area schools, their agents, representatives, or successors for any and all injuries that might be suffered by my child in the program. In case of emergency, it is our procedure to call 911. If necessary, they dispatch an ambulance to respond to the emergency. Parents/guardians are immediately notified as soon as is practical (usually prior to emergency assistance). I understand that the program provides no medical coverage for participants. I also release any photos that may involve the above signed participant.

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Signature (parent must sign if under 18)

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Date