

NEW
Relay
Option!

SALEM COMMUNITY CENTER

SHAMROCK SHUFFLE

THURSDAY,
MARCH 15TH, 2018



5:00 – 5:45 p.m.
Kid games and
races

COURSE:

Point to Point: Beautiful 4-mile course on quiet residential streets ending at BB Rooners!

COST:

Pre-Registration \$18 – 4 mile/\$15 relay

TIME:

Day of: \$25 race all participants

Registration at 5 PM/RACE at 6:00 PM

LOCATION:

START: Salem Community Center
1098 N. Ellsworth Avenue, Salem, Ohio 44460
FINISH: Salem Municipal Lot
256 E. State Street, Salem, Ohio 44460

EVENT CHOICES:

4-mile run - \$50 Prize for Course Record ★
Current record: Male - Josh Boggs, 22:41.4
Female – Megan McNear, 25:53.5

SOUVENIRS:

2-person relay (3 mile/1 mile) no split times ★
First 100 entries registered by March 4th, will receive a SCC souvenir glass at finish.

Park at Salem Municipal Lot, corner of Ellsworth & State St. The Quakertown Trolley will offer free shuttle service from 4:45-5:45 p.m., with additional parking at the SCC. Awards ceremony immediately following at BB Rooners.



REGISTER ONLINE!
www.runsignup.com

RACE DIRECTOR

JANIE CROWL
CROWL@SALEMCOMMUNITYCENTER.COM
SALEM COMMUNITY CENTER
1098 N. ELLSWORTH AVE.
SALEM, OH 44460

AGE GROUPS – TOP 3

M/F OVERALL
12 & UNDER M/F
13–17 M/F
18–29 M/F
30–39 M/F
40–49 M/F
50–59 M/F
60 + M/F

RELAY 1ST, 2ND & 3RD PLACE

Course Race Info: 330-332-5885
or
www.salemcommunitycenter.com

LOST ON RACE DAY?

330-332-5885

330-424-2595

In consideration of this early entry being accepted, I hereby, for myself and heirs, executors and administrators, waive and release any and all damages I may have against Salem Community Center and the City of Salem, their agents, representatives, successors and assigns for any and all injuries suffered by me at said event. I hereby attest that I am physically fit and have trained sufficiently for competition in the event.

NAME _____ DOB ___/___/___ AGE _____ GENDER _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

E-MAIL _____ PHONE _____

SIGNATURE _____ DATE ___/___/___

PARENT/GUARDIAN SIGNATURE (IF RUNNER UNDER 18) _____ DATE ___/___/___



DETACH AND MAIL TO RACE DIRECTOR – Shamrock Shuffle

CHECKS PAYABLE TO SALEM COMMUNITY CENTER
1098 N. ELLSWORTH AVE.
SALEM OH 44460

