

Shamrock 'n Run
5k/10k Benefit Event
Saturday, March 9th

Thelma's Sports Nook, Sharpsville, PA

9:00 AM-Registration, 10:00 AM- Shot Gun Start



Awards for:

Top male and female overall

Top Three Overall Male and Female in the Following Age Groups:

14 & under, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70 & over.

Registration Form:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Age: _____ Email: _____

Gender: M _____ F _____ Shirt Size: _____

I am participating in the: 5k _____ 10k _____

Entry Fee 5k: \$25 pre-reg, \$30 day of

Entry Fee 10k: \$35 pre-reg, \$40 day of

Checks may be made payable to: PHNCF

Checks may be mailed to: PHN Charitable Foundation

P.O. Box 716

Sharon, PA 16146

To pay by credit/debit card please sign up on www.phnfoundation.net/shamrock

Event Features:

- ✓ Pet Costume Contest
- ✓ Exciting Post Race Party and Breakfast Buffet
- ✓ Basket raffle
- ✓ Vendors
- ✓ Kids Fun Run
- ✓ Each Registered Participant will receive a commemorative event t-shirt (while supplies last)

Proceeds of this Race Benefit:

- Programs of the Primary Health Network Charitable Foundation programs
- Scholarship fund benefiting respiratory care students at Laurel Technical Institute.

Emergency Contact Name: _____ Phone: _____

Waiver: In consideration of the acceptance of this entry, I waive for myself, my heirs, and assigns, all rights and claims for damages which I might have against the Primary Health Network Charitable Foundation, Laurel Technical Institute and Thelma's Sports Nook's Shamrock N' Run 5k/10k Benefit Event to be held Saturday, March 9th, 2019. The Primary Health Network Charitable Foundation Non-Profit Organization, Laurel Technical Institute, Thelma's Sports Nook, other sponsoring organizations, businesses, or individuals are not responsible for any and all injuries suffered by me in this event. I attest and verify that I am amateur and physically fit and have trained sufficiently for this event. I also release any photos that may involve myself. All fees are non-refundable. The official registration and financial information of the Primary Health Network Charitable Foundation may be obtained from the Pennsylvania Department of State by calling toll free, within Pennsylvania, 1 (800) 732-0999. Registration does not imply endorsement.

Signature: _____ Date: _____

Parent/Guardian Signature (if under the age of 18): _____ Date: _____