

# Run4Anthony 5K and 1 Mile Fun Run



**Saturday, March 30, 2019**

*This event will be held in recognition of our friend, Anthony Conti, a Cross Country Runner at Laurel High School, who is currently battling cancer. All proceeds and donations from the race will benefit Anthony and his family. Runners and Walkers of all energy levels are encouraged to participate.*

**Location:** Laurel Middle-High School–2497 Harlansburg Rd; New Castle, PA 16101

**Race Time:** 10:00 am (Registration 9:00 am – 9:45 am)

**Race Director:** Dan Reed - (330)-301-7520 or [DREED055@aol.com](mailto:DREED055@aol.com)

**Incentives:** Each Runner will be treated to a ticket for the Chinese Auction and rewarded at the end of the course with a Buffet of Cookies and Other Treats, as well as, Hot Chocolate and Chocolate Milk. There will also be Music, a Chinese Auction and Other Fun Activities set up after the race.

**Awards:** Top 3 Overall Male and Female Finishers will be Recognized and a Prize Package Awarded. A Timing Clock will be set up at the finish for all runners to record their times.

**Entry Fee:** \$10.00 Cash or Check – Application and payment can be turned in day of race or mailed in advance to: Run4Anthony 5K; c/o Amy Dicks; 3201 Perry Hwy; New Castle, PA 16101 – Checks payable to Laurel Cross Country Boosters.

**T-Shirts:** Anthony Conti ‘No-One Fights Alone’ T-Shirts are available for \$10.00 and can be pre-ordered for pick up and payment the day of the race by contacting Lisa Sutch at [lisa17@comcast.net](mailto:lisa17@comcast.net). Deadline for pre-orders is March 18<sup>th</sup>. All proceeds from T-Shirt Sales benefit the Conti Family.

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Name \_\_\_\_\_ Age \_\_\_\_\_ M/ F 5 K \_\_\_\_\_ 1 Mile Fun Run \_\_\_\_\_

**Release:** By signing this application, I hereby waive, discharge, and release myself from any and all claims, damages, demands and courses of action of any kind, including negligence that I may have against the Laurel Cross Country Boosters, the Laurel School District, the volunteers, sponsors, organizers and beneficiaries of this event, which may arise from my participation in this event. I hereby certify that I am physically fit to participate.

Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Signature of guardian (under 18) \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_