



5th Annual

Union All Sports Booster Club

2 Mile Walk / 5K /10K

All Proceeds Benefit the [Union All Sports Booster Club](#)

When: April 28, 2019 *Rain or Shine- No Refunds*

Race Time: Registration opens at 11:00 AM Race starts at 1:00 PM

Where: Race begins and ends at **Sligo Elementary School**, 2013 Madison Street Ext., Sligo, PA 16255

Course Info: Course winds through the streets of Sligo. The course is a challenging mix of hills and flats that appeal to runners and walkers of all skill levels.

Classes and Awards: **2 Mile Walk** – Award for 1st place adult male and female and child under 10.

5K/10K Run – Awards to Male and Female 1st, 2nd, and 3rd overall and age classes.

Male and Female Age Classes: **0-9, 10-14, 15-19, 20-29, 30-39, 40-49, 50-59, 60+**

Registration Fees: Pre-Registered adult applicants - \$ 20 (registration received before **April 14, 2019**)

Adult registrations day of event or applications received after **April 14, 2019** - \$ 25

Student Registration – Grades K-12 - \$ 10 (pre-register or day of event)

How to Register: Online at: www.runsignup.com search keyword “union” or complete info below and mail.

T-shirts: T-shirts are guaranteed to pre-registered participants only. Limited quantities and sizes will be available day of race.

Questions?: email your questions to Sara Weaver @ sjweaver02@yahoo.com

Name _____ Age _____ Sex _____ Phone _____

Address _____

Email Address _____

Specify event you are participating: 10 K _____ 5K _____ 2 Mile Walk _____

Emergency Contact/Phone _____ Circle Shirt Size: **YS YM S M L XL**

I hereby certify that I am in good physical condition and fit for participation, that I have health insurance, and that I am aware of the risks of running. I agree to comply with all rules and I assume all risks and liabilities related to my participation. I, for myself, my heirs, executors, administrators and assigns, waive and release all landowners, any municipalities or other public entities, their respective agents and employees, and all volunteers and sponsors from all claims, damages or injuries suffered by me while participating in this event. I give my permission for the free use of my name, picture, or likeness for any purpose related to this race.

Signature _____ Date _____

Parent/Guardian (if under age 18) _____ Date _____

Make checks payable to: Union All Sports Booster Club

Mail to: Union All Sports Booster Club, c/o Sara Weaver 250 Stahlman Road Parker, PA 16049