



20th Annual Kalajainen Klassic 5K Run/Walk Wednesday, July 15, 2020

This Special 20th year Anniversary Run will include a 5K Virtual Race! Our goal is to again have the Klassic held at Cascade Park. If we are forced to cancel or you cannot attend there is the Virtual Walk/Run Option! This annual event is held in memory of our friend, Joann Kalajainen, who lost her life to cancer in April 2001.

** All proceeds and donations from the Klassic benefit the American Cancer Society.*

Cascade Park
1928 East Washington St,
New Castle, PA 16101

Race Director: Stella Balzl: (724-971-3736) email: stellabalzli@gmail.com

Race Time: 7:00 pm (Pre-registration 5:30–6:30 pm)

Incentives: 20th Anniversary T-shirt for each pre-registered runner/walker, ticket for the Chinese auction and post-race refreshments.

Awards: Top 3 overall male and female finishers
Top 3 male and female in each age group:
11 and under, 12-15, 16-19, 20-24, 25-29, 30-34, 35-39, 40-44,
45-49, 50-54, 55-59, 60-64, 65-69, 70 and over.

Entry Fee: \$15.00 pre-registration by 7/7/20 (\$20.00 day of the race-if same day sign up is permitted).
Send to: Kalajainen Klassic 5K
330 Fairground Rd
New Castle, PA 16101

***5K Virtual Race:** \$15.00 Runners & Walkers! You have between July 8th-July 15th to complete your 5K and earn your 20th Anniversary Kalajainen Tee! Registration ends 7/14/20.
Please send your time to bonnherb@yahoo.com.
Checks payable to Kalajainen Klassic 5K or register on RunSignUp.com

Sponsor: Lawrence County Physical Therapy Institute

Name _____ Age (Race Day) ____ Birth Date ___/___/___

Address _____

Phone Number _____

Male/Female (circle one)

T-Shirt Size: S M L XL (circle one)

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 Lawrence County Physical Therapy Institute, the volunteers, sponsors, and organizers 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 ___/___/___

