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BIB #

JUNE IN OLDE WILLIAMSBURGH

# Run for the Funds 5k Run/Walk & 10k Run!!

Start Time: Saturday, June 2, 2018 – 9am

**Course** – The run/walk will begin at the Old Williamsburg High School, located at 549 W. Main St., and will head out of town to the Hike/Bike Trail and back.

**Race Divisions:** Male and Female Runners – 7-12, 13-18, 19-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-69, 70 and over.

**Fitness Walk Divisions:** 29 and under, 30-39, 40-49, 50-59, 60 and over.

**Awards:** Top male/female runners and walkers, and 1<sup>st</sup> place in each race division.

***T-shirts are available for purchase for \$5 to first 100 participants.***

<b>Age (as of June 2, 2018)</b> _____	<b>Gender:</b> M F	<b>Race:</b> 5K Run 5K Walk 10K
Adult registration <b>NO SHIRT - \$20</b>	_____	
Child registration <b>NO SHIRT - \$10</b>	_____	
<b>Optional T-shirt – Add \$5 PLEASE MARK SIZE: (adult sizes) S M L XL _____</b>		
<b>PLEASE WRITE LEGIBLY SO WE HAVE CORRECT INFO!</b>		
<b>(Please Print)</b> First Name: _____ Last Name: _____		
Address: _____ City: _____ State: _____ Zip: _____		
E-mail: _____ Phone: _____ Signature: _____		
Parent's Signature _____ (required for entrants 18 and under)		
In case of medical emergency contact (required by entrants 18 and under): _____ Phone: _____		

**ENTRIES MUST BE POST MARKED BY THURSDAY, May 31, 2018!**

**ONLINE REGISTRATION and SAME DAY RESULTS** available at [www.RunningTime.net](http://www.RunningTime.net)

**Make checks payable and send to: June in Olde Williamsburgh 107 W. Main Street, Williamsburg, Ohio 45176.**

**Waiver:** In consideration of the acceptance of my entry, I hereby waive on my behalf of my heirs, executors and assigns, all claims of any nature arising from my participation in the 5k/10k Run/Walk and post part, and do hereby release all sponsors, workers, officials, volunteers and the Village of Williamsburg from any claim whatsoever arising from my participation in this event. I agree to abide by all the rules for participation, and acknowledge that the Race Committee may refuse to return my entry at its discretion. I understand the risks for such a run, and have trained adequately in preparation. I HAVE NOTED MEDICAL CONDITIONS ON THIS FORM.

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