



CROP 5K RUN/MILE WALK

FEDERATED CHURCH, 452 EAST MAIN ST., WEST WINFIELD, NY

9:00 A.M. MAY 13th, 2017

NAME:

_____ AGE: _____ SEX: _____

ADDRESS:

ARE YOU A PARTICIPANT IN THE ROUTE 20 ROAD CHALLENGE SERIES? _____ YES _____ NO

RACE AMOUNT: \$15.00 PER PERSON TOTAL COST: _____ CIRCLE ONE: 5K RUN 1 MILE WALK

T-SHIRT SIZE: _____S _____M _____L _____XL

PLEASE SEND IN APPLICATION BY MAY 2ND, 2017.

MAIL CHECK MADE PAYABLE TO "CROP". MAIL WITH APPLICATION TO: MARY LOU PUSTAY, PO BOX 397 WEST WINFIELD, NY 13491

In consideration of acceptance of this application, I, the undersigned, intending to be legally bound, hereby, for myself, my heirs, executors, administrators, and assigns waive any and all rights and claims for damages I may have against the West Winfield Crop organization, their representatives and successors for any and all injuries suffered by me at the races to be held in West Winfield, on May 13TH, 2017. I verify that I am physically fit and have trained sufficiently for the competition.

Signature _____

Parent Signature _____