

Race Benefits the American Foundation for Children with AIDS



5K Run/Walk and 1 mile Fun Run

June 9, 2012 at 9:00 a.m.

Race Registration on the grounds of
Lebanon Expo Center and
the Race is on the Lebanon Rail Trail

- Schedule:** 7:30 - 8:45 a.m. Race packet pick-up
8:45 a.m. Welcome and 1 mile Fun Run for kids 12 and under
9:00 a.m. 5K Race Begins (Rain or Shine)
- Course:** The race begins at the Lebanon Expo, 80 Rocherty Road, Lebanon, PA. The course is on the Lebanon Rail Trail and is flat on hard packed gravel. Timing will be by Prezel City Sports.
- Fees:** \$25 if registration post-marked by May 29 and guarantees a technical t-shirt of the size noted. \$30 if registered after May 29 and technical t-shirt as supplies last. When shirts are gone, the fee drops to \$23.
\$5 for Fun Run or \$15 if 3 or more family members participate. T-shirt not included.
- Awards:** Awards given to top male and female runner and top three male and female runners in each age bracket. Each runner may only win one award. Age brackets are: 14 and under, 15-19, 20-29, 30-39, 40-49, 50-59, and 60+.

One entry form per participant. Please print clearly.

Name _____ Gender Male Female
Address _____
City _____ State _____ Zip _____
Phone _____ Age on date of race _____ DOB _____
Email _____

T-shirt size ___ Small ___ Medium ___ Large ___ X-Large

Do you receive email from Pretzel City ___ Yes ___ No If no, do you want to? ___ Yes ___ No

Do you want to receive eNewsletters from the American Foundation for Children with AIDS? ___ Yes ___ No

Waiver: I acknowledge that running or walking in a 5K race and/or 1 mile fun run can be a potentially hazardous activity. On behalf of myself, my heirs, executors, administrators, successors and assigns, I hereby waive and release all rights and claims for damages which I may have against you or your assigns, the municipalities in which the event occurs, or anyone connected with this event, for any and all injuries or illnesses which I may suffer as a result of taking part in the event. I am in proper physical shape for this event. I grant my permission to use my name or any audio or visual recording for any lawful purpose.

Signature _____ Date _____

Parent or Guardian if under 18 years of age _____



Mail completed registration form and fee to:

AMERICAN FOUNDATION
for CHILDREN with AIDS
c/o 2731 Tunnel Hill Rd
Lebanon, PA 17046
www.AFCAids.org

Enclosed is an additional gift of \$_____ to benefit children with HIV/AIDS through the programs of AFCA.

Questions? Contact Shelly Hitz 717.273.6242
or shelly.hitz@AFCAids.org