



# THE WOODEN SHOE

## 5K RUN/5K WALK

### SATURDAY, MAY 20, 2017

### CLYMER, NY





Start time: **\*\*8:30am\*\***

Course: Around the scenic village of Clymer, New York

To Enter: Register online at: [www.register.bigwhitetrailer.com](http://www.register.bigwhitetrailer.com)  
OR  
Detach form below and mail to:  
Pam Morton 11341 Carter Hill Rd, Wattsburg, PA 16442

Stay for lunch after the race!  
Class of 2025 Chicken BBQ  
CCS Cafeteria  
11am until sold out!  
\$10 per meal

Entry Fee: \$15.00 if postmarked no later than 5/13/17. Day of race entry fee: \$25.00  
**Make checks payable to "Clymer Tulip Festival Committee"**

Registration: Day of race signup and packet pick-up for pre-registered runners and walkers will begin at 7:00am in the Clymer Central School lobby. No bikes or dogs on course. Showers Available.

Race Premium: T-shirts are guaranteed to the first 200 pre-registered participants.

Awards: 5K Run awards given to the top 3 male/female overall finishers.  
5K Run awards given to top three male /female finishers in each age group:  
14&under, 15-19, **5 year age groups to 70 and over**  
Non-competitive walk awards to top male/female only.

**\*\*For more information, or to volunteer, contact Pam Morton at (814)739-2032 or [mortonpr@hughes.net](mailto:mortonpr@hughes.net)\*\***

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

In consideration of my entry being accepted, I hereby for myself (son/daughter), heirs, executors, and administrators, waive and release all rights and claims for damages I may have against the organizers, sponsors, the State of New York, Chautauqua Striders, WCA Hospital, and municipalities in which the event is contested, their representatives, successors, and assignees for any and all injuries, suffered by me (my son/daughter) in said event. I further certify that I (my son/daughter) am (is) physically fit, having successfully trained for this event, and had my physical condition verified by a licensed medical doctor.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent must sign for son/daughter under 18

AGE: \_\_\_\_\_

DOB: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Gender: (circle one)  
**Male    Female**

Event: (circle one)  
**Run    Walk**

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