



Kiwanis®

CLUB OF DILLSBURG AREA

Presents



In conjunction with
The Dillsburg Pickle Fest
Street Fair

Saturday May 11, 2019

5K RUN / WALK RACE FEATURES:

Picturesque wheel marked course
Split timers at miles 1 and 2
Race time: 9 AM SHARP
Food and craft vendors all day!
Manual timing provided by **Pretzel City**

AWARDS:

Overall Male & Female
Top 3 Male and Top 3 Female
in the following categories:
PreTeens, Teens, 20's, 30's, 40's, 50's, 60+

**Registration must be postmarked by
April 25 to be guaranteed a shirt**

**Mail registration form and payment
by 5/6/19**

Kiwanis Club of the Dillsburg Area
PO Box 324
Dillsburg, PA 17019

Payable to: Kiwanis Club of Dillsburg

**Online Registration must be processed
by April 25 to be guaranteed a shirt**

**Online Registration Deadline
5/8/19**

www.DillsburgKiwanis.org
(nominal service fee applies)

RACE DAY REGISTRATION AVAILABLE ON DAY OF RACE: 5 / 11 / 2019

Registration 7:30 - 8:45 a.m. at the
Maple Shade Barn, Dillsburg, PA

NOTE:

No pets permitted on the course during race

QUESTIONS:

DillsburgKiwanis@gmail.com
717 - 502 - 7233

PICKLE CHASE 5K MAY 11, 2019

Race Registration Form

Run Information: (Check event entered)

Postmarked by 4/25/19

5K Run (\$25)

Postmarked after 4/26/19, including day of race

5K Run (\$30)

Shirt Size: Youth Adult (Check One)*

S M L XL

T-Shirts guaranteed to pre-registrants only

* sizes not designated youth or adult will be printed as adult.

Runner's Information:

Last Name: _____

First Name: _____

Male Female Age on Race Day: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

In consideration of your permitting me to participate in this event, 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 the event, their heirs, executors, administrators, successors, and assigns, for any and all injuries or illnesses which I may suffer as a result of taking part in the event. I grant my permission to use my name or any audio or visual recording for any lawful purpose.

NOTE: Volunteers will be on hand to guide participants, but roads will be open to traffic.

I have read & understand the above waiver.

Signature: _____

_____ Date: _____

Parent's Signature if under 18 years of age:

_____ Date: _____

Please mail completed form by May 6, w/ payment to:

Kiwanis Club of the Dillsburg Area

PO Box 324, Dillsburg, PA 17019

DillsburgKiwanis@gmail.com

Make checks payable to "Kiwanis Club of Dillsburg"