



WILDCAT

5K

WELLNESS RUN & WALK

SEPTEMBER 24, 2016

5K START TIME- 9:00 AM

**1 MILE FUN RUN/WALK START TIME
9:45 AM**



Prizes awarded for top male and female OVERALL and TOP 3 male and female in each 5K division:

- 12 & under
- 13-19
- 20-29
- 30-39
- 40-49
- 50-59
- 60 & older

Our first annual 5K Race and 1 Mile Fun Run/Walk will be held at the Halifax Enders-Fisherville Elementary School.

Race, run, or walk along a course that takes you through the beautiful and serene Armstrong Valley!

Professionally timed! Chip timing for 5K Race!

Registration/Check-In opens at 8 AM!

FOR MORE INFO:

Go to- www.halifaxwellness.weebly.com
Or call (717) 896-3416 (ext. 233)
Or email czaplickin@hasd.us

Entry fees:

- EARLYBIRD- until Sept. 1 (includes race shirt) \$20-5K Race and/or 1 Mile Fun Run/Walk
- AFTER SEPT 1 & RACE DAY (race shirts are first come, first serve after Sept. 1) \$25- 5K Race and/or 1 Mile Fun Run/Walk
- * Price includes BOTH events or just ONE, your CHOICE!

3 WAYS TO REGISTER:

1. **ONLINE** - www.appliedracemgmt.com (*service fee may apply)
2. **MAIL**- Complete form and mail in with entry fee to HASD Superintendent's Office, c/o Wellness 5K, 3940 Peters Mt. Rd, Halifax, PA 17032
3. **DROP OFF OR TURN IN**-Complete form and drop off or turn in with payment to any HASD school office.

1 MILE FUN RUN/WALK

For the young, young at heart, or anyone who just wants to go out and have fun and get active with NO pressure!

Sponsored by:
HALIFAX AREA SCHOOL DISTRICT WELLNESS COMMITTEE

WILDCAT WELLNESS 5K & FUN RUN/WALK ENTRY FORM

Mail form and entry fee to:
HASD Superintendent's Office
c/o Wildcat Wellness 5K
3940 Peters Mountain Road
Halifax, PA 17032

Checks payable to:
Halifax Education Foundation

Name of participant: _____

Address of participant: _____

Phone # : _____ Email address: _____

Age: _____ Gender: M F T-shirt size: YS YM YL S M L XL 2XL 3XL

Event (check at least one) : _____ 5K RACE (3.1 mile) _____ 1 MILE FUN RUN/WALK

Any allergy/concern that medical staff should be aware of: _____

Read waiver and sign below: *I understand that by participating in this physical activity there is a risk of injury. I do not hold the event staff, HASD, or any other participants liable for any injury that may occur as part of this event. If the participant is under 18, a parent signature below also acknowledges permission to participate.*

SIGNATURE (IF UNDER 18 MUST HAVE PARENT SIGN HERE)

DATE