

13th ANNUAL Coopersburg 5K Run for Pulmonary Fibrosis
RACE REGISTRATION FORM
Saturday, May 25, 2019
Line up time: 8:00 AM; Official start time: 8:10 AM



Race Date/Time: Saturday, May 25, 2019. Rain or Shine. Line-Up at 8:00 am; Official Race Time: 8:10 am.

Location: On South Main Street at corner of Locust Street in Coopersburg, PA. The profits will benefit the Wescoe Foundation for Pulmonary Fibrosis. Learn more about our heartfelt mission at www.wescoefoundationforpulmonaryfibrosis.org. For the 5k information packet, race route, and volunteer registration, or you may call Race Director: Jennifer H. Wescoe at 484-553-6340 for any further questions or visit the 5k website at www.coopersburg5k.org.

Awards: Prizes for top Male and Female runners in each age group will be awarded. Refreshments during and after the race will be provided.

Directions: Main Street, Coopersburg runs parallel to Rt. 309. Rt. 309 N: Pass Coopersburg Diner, at next traffic light turn left onto Fairmount Street (Fairmount Shopping Village). Continue to traffic light and turn left onto Main St. Race begins two blocks beyond the next traffic light. Rt. 309 S: Turn right at traffic light onto Fairmount Street (Fairmount Shopping Village) in Coopersburg. Continue to traffic light and turn left onto Main Street. Race begins two blocks beyond the next traffic light. Parking areas are designated on race map.

Fee: Cost is \$30 per person; families who register more than 3 participants will receive a \$10 discount for each family member registered thereafter. All school running clubs will receive \$10 discount per runner. You will need verification of membership (e.g. school/coach roster). Registration form must be postmarked by Friday, May 17, 2019. **After Friday, May 17, the fee is \$38.** Race day registration will be accepted until 7:15 a.m. **Sorry, no guarantee of packet materials, Goodie Bag, or Tee shirt for those registering on race day.** (If registration is postmarked **before** Friday, May 17, 2019, you will receive a complimentary Coopersburg 2019 5K Tee-shirt). **Make checks payable to:** Wescoe Foundation for Pulmonary Fibrosis or WFPF. **Online registration is available at:** www.coopersburg5k.org; www.active.com (Closes on 5.22.19).

Return your completed registration form, fee, and waiver form to:

2019 Coopersburg 5K Run

Attn: Jennifer H. Wescoe

229 N. Main St.

Coopersburg, PA 18036

email: jennifer@coopersburg5k.org; 484.553.6340

DETACH AND RETURN THIS PORTION _____

Name: _____ **Age Division:** _____

Street: _____

City/State/Zip Code: _____ **Email:** _____

How many years have you ran the Coopersburg 5K Run? _____

Consent and Waiver

I hereby declare myself in good physical condition and able to run or walk in the 2019 Coopersburg 5K Run. I do hereby waive and release the individuals associated with this event, its agencies, representatives, successors, and assigns, from any claims for damages of any nature, including personal injury that I may incur as a result of my participation.

Print name: _____ Date signed: _____

Signature: _____

Signature of legal guardian if participant is under 18 years of age: _____

T-shirt Size: circle one:

S M L XL XXL

Please use separate entry form for each family member or group member

MEN		WOMEN	
11 & under	45-49	11 & under	45-49
12-15	50-54	12-15	50-54
16-19	55-59	16-19	55-59
20-24	60-64	20-24	60-64
25-29	65-69	25-29	65-69
30-34	70+	30-34	70+
35-39		35-39	
40-44 (40 +: Masters Level)		40-44 (40 +: Masters Level)	

THANK YOU to our Main Street Sponsor!

