



Kiwaniis®

CLUB OF DILLSBURG AREA

In conjunction with
The Dillsburg Pickle Fest
Street Fair
Presents

**PICKLE CHASE 5K
MAY 9, 2020**



REGULAR 5K RUN / WALK

SATURDAY MAY 9, 2020 - 9 AM

\$25 IF POST MARKED BY 4/23/20
\$30 AFTER 4/23/20 WHILE SHIRTS LAST

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**

CUPCAKE 5K RUN / WALK

SATURDAY MAY 9, 2020 - 9 AM

\$35 IF POST MARKED BY 4/23/20
\$40 AFTER 4/23/20 WHILE SHIRTS LAST

GET A PICKLE FLAVORED CUPCAKE AT EVERY MILE MARKER
(WRISTBAND REQUIRED)

AWARDS FOR 5K:

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+

NOTE:

No pets permitted on the course during race

Online Registration Deadline
5/6/20

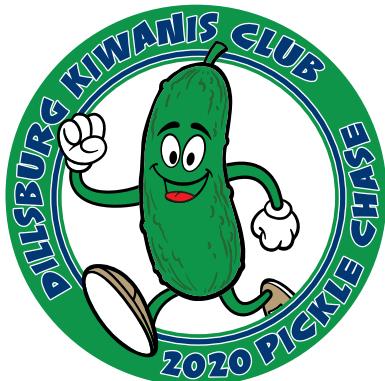
www.DillsburgKiwanis.org
(nominal service fee applies)

**RACE DAY REGISTRATION
AVAILABLE ON DAY
OF RACE: 5 / 9 / 2020**

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

QUESTIONS:

DillsburgKiwanis@gmail.com
717 - 502 - 7233



REGISTRATION:

Run Information: (Check event entered)

Postmarked by 4/23/20

5K Run (\$25) CUPCAKE 5K (\$35)

Postmarked after 4/23/20, including day of race

5K Run (\$30) CUPCAKE 5K (\$40)

Shirt Size: Youth Adult (Check One)*

S M L XL

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

Registration must be postmarked by April 23 to be guaranteed a shirt

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

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 1, 2020 w/ payment to:

Kiwaniis Club of the Dillsburg Area

PO Box 324, Dillsburg, PA 17019

DillsburgKiwanis@gmail.com

Make checks payable to "Kiwaniis Club of Dillsburg"