

4th ANNUAL WHOOPIE PIE 5K

Saturday, November 27, 2021

5K Run / Walk to Benefit Relay for Life

WHEN: Saturday, November 27, 2021

8:30 AM- Registration

10:00 AM- 5K Run/Walk

***Awards to Follow**

WHERE: Cocalico Eagle Stadium:

700 South 4th Street, Denver, PA 17517

The course takes a flat route through Lancaster County residential and farm country. Excellent for PR's, kids, and jogging strollers.

ENTRY: Adults: \$25 non-refundable if registered by November 1st, includes Beanie Hat. \$30 after November 1st including race day, Beanie hats while supplies last. 100% of our profit is donated directly to the American Cancer Society and the Life giving work they do. Thank you for making a difference!

Virtual 5K: Virtual option available. Run/Walk anywhere anytime between November 1st and November 30th. Beanie hat and participation items will be mailed to you at the address provided. Awards not included. \$25 entry fee.

AWARDS: TOP MALE & FEMALE OVERALL. Plus TOP 3 MALE & FEMALE IN EACH AGE GROUP

14 & under, 15-19, 20-29, 30-39, 40-49, 50-59, 60-69, 70 & over.

AMENITIES: 5K- professionally timed. Results posted on www.pretzelcitysports.com. Enjoy a pumpkin whoopie pie and other refreshments after race! Raffle Tickets & Prizes available. Every participant gets one raffle ticket; more available for purchase. Pre-registered (postmarked by November 1, 2021) \$25 non-refundable deposit includes a beanie hat. Held Rain, Shine or Snow.

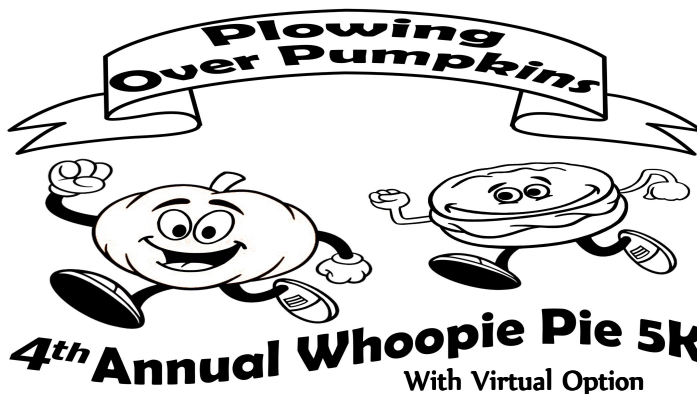
DIRECTIONS: 222 to Exit for Denver/PA Turnpike. Follow 272 South. Turn right at light (at Riviera Restaurant) onto West Church Street. Continue to Main Street, Denver. Turn left at light onto South 4th Street. Stay to right at "Y" in road. Stadium on right.

PARKING: Denver Elementary School, Cocalico Stadium and along 4th Street.

CONTACT: Allison Weber- Race Director, jna1228@gmail.com or 717-587-9998

***Optional Online Registration available at www.pretzelcitysports.com

(Nominal processing fee applies, closes at midnight, the Wed. of race week)



MAKE CHECK PAYABLE TO: Sheri Golembiewski

MAIL CHECK & FORM BELOW TO: Sheri Golembiewski | 106 S. Elm St. | Robesonia, PA 19551

Last name _____ First name _____

Address _____ City _____ State _____ Zip _____

Sex: M F Race day age: _____ Date of birth ____/____/____

Event: (circle one) 5k Run/Walk Virtual 5k

Phone: (____) _____ Email: (print clearly) _____

WAIVER: I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I also know that there will be traffic on the course and assume the risk for running in traffic. I also assume any or all other risks associated with running or attending the race including but not limited to falls, contact with other participants, the affects of the weather and the condition of the roads, all such risks being known and appreciated by me. Knowing these facts, and in consideration of your accepting my entry fee, I hereby for myself, my heirs, executors, administrators or anyone else who might claim on my behalf, covenant not to sue, and waive, release and discharge Pretzel City Sports, Plowing Over Cancer, any subcontractors it utilizes, all municipalities in which the race is held, the race committee, volunteers, any and all sponsors including their agents, employees, assigns or anyone acting for on their behalf, or anyone else associated in any way with the race, from any or all claims or liability for death, personal injury or property damage of any kind of nature what so ever arising out of, or in the course of, my participation in this event(s). This waiver extends to all claims of every kind or nature what so ever, foreseen or unforeseen, known or unknown. By entering this race, I am granting permission to Pretzel City Sports to use any pictures or likenesses of me secured at the event in any way they see fit without review, restriction or compensation. Insurance provided by Road Runners Club of America. No Liability to Denver Borough or West Cocalico Township.

I HAVE READ AND UNDERSTAND THIS WAIVER: (if under 18, legal guardian must sign)

Signature _____

date ____/____/ 2021