

**Craven Hall Historical Society's Twenty Seventh Annual
Crooked Billet Run 5K Race & Health Walk**

Sponsored by the Craven Hall Historical Society, Inc.



Date: Saturday, October 15, 2022

Time: Registration begins at 8:30 a.m.; Race begins at 9:30 a.m.

Place: Warminster Community Park
Veterans Way off Johnsville Blvd.
Warminster, PA

Course: Solid roadbed around perimeter of old Johnsville Naval Air Development Center (Warminster Community Park); Course wheel measured to the foot

Overall Top Male and Female Awards:

***1st Prize Each Male/Female**

1st Place Trophy and a dinner certificate to a local restaurant, plus a special Craven Hall Commemorative

***2nd Prize Each Male/Female**

2nd Place Trophy and a dinner certificate to a local restaurant, plus a special Craven Hall Commemorative

***3rd Prize Each Male/Female**

A special Craven Hall Commemorative and a membership to the Craven Hall Historical Society

-Plus-

***First Place Male and Female age category awards**

All race participants (while supplies last) will receive a commemorative t-shirt (All shirts and prizes must be picked up day of race)

Race Fee: Day of Event: \$15.00
By October 12: \$12.00

Checks: Craven Hall Historical Society
Include on check: Crooked Billet Run

Mail: PO Box 2042 Warminster, PA 18974

Optional Online Registration Available at: <https://www.pretzelcitysports.com/online-registration/>
(Nominal service fee applies, closes at midnight the Wednesday before race day)

Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____

Email: _____

Circle one:

Male: 18 & Under 19-29 30-39 40-49 50-59 60-69 70+

Female: 18 & Under 19-29 30-39 40-49 50-59 60-69 70+

Shirt size: XS S M L XL XXL XXXL

In consideration of the entry being accepted, I, intending to be legally bound for myself, my heirs, executors, and administrators, waive and release any and all right I may have against the organization holding this event, its agents, representatives, sponsors, cooperating agencies, and successors and assigns for any and all injuries at said event.

Signature: _____ Date: _____