



# COOPERSBURG 5K RUN FOR PULMONARY FIBROSIS REGISTRATION FORM



18TH ANNUAL

SATURDAY, MAY 25, 2024

LINE-UP TIME: 8:00 AM  
OFFICIAL START TIME: 8:10 AM

**RACE DATE/TIME:** Saturday, May 25, 2024. Rain or Shine. Line-Up at 8:00 AM; Official Race Time: 8:10 AM.

**BENEFITS:** The profits will benefit the Wescoe Foundation for Pulmonary Fibrosis.

To learn more about our heartfelt mission as well as all race details, race route, and volunteer registration, please visit [www.wescoe.org](http://www.wescoe.org). Please call Race Director, Jennifer Wescoe, at 484.553.6340 for any additional questions.

**AWARDS:** Prizes for top male and female runners in each age group will be awarded. Refreshments during and after the race will be provided.

**ADDRESS:** **Coopersburg Borough Hall**, 5 N. Main Street, Coopersburg, PA

**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 a \$10 discount per runner. You will need verification of membership (e.g. school/coach roster). Kids Fun Run Cost: Ages 2-8 years \$10 / Ages 8 and up \$30. Registration form must be postmarked by Friday, May 17, 2024. **After Friday, May 17, the fee is \$38.** Race day registration will be accepted until 7:15 AM. **Sorry, no guarantee of packet materials, goodie bag, or t-shirt for those registering on race day.** (If registration is postmarked before Friday, May 17, 2024, you will receive a complimentary Coopersburg 2024 5K t-shirt). Make checks payable to Wescoe Foundation for Pulmonary Fibrosis or WFPF. Online registration is available at: [www.wescoe.org](http://www.wescoe.org); [www.active.com](http://www.active.com) (Closes on Friday, May 24, 2024).

**RETURN YOUR COMPLETED REGISTRATION FORM, FEE, AND WAIVER FORM TO:**

2023 Coopersburg 5K Run for Pulmonary Fibrosis  
229 N. Main St.  
Coopersburg, PA 18036  
email: [jennifer@wescoe.org](mailto:jennifer@wescoe.org); 484.553.6340

-----DETACH and RETURN THIS PORTION-----

NAME

EMAIL

STREET

CITY, STATE, ZIP CODE

I AM AN IPF PATIENT

I AM AN IPF CARE PARTNER

**CONSENT AND WAIVER**

I hereby declare myself in good physical condition and able to run or walk in the 2024 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.

**TSHIRT SIZE (CIRCLE ONE)**

S            M            L  
XL        XXL        XXXL

PRINT NAME

PLEASE USE SEPARATE ENTRY FORM FOR EACH FAMILY MEMBER OR GROUP MEMBER:

**CIRCLE YOUR GENDER & AGE GROUP ON RACE DAY**

SIGNATURE

SIGNATURE OF LEGAL GUARDIAN (PARTICIPANT UNDER 18)

DATE SIGNED

| 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) |       |