



COOPERSBURG 5K RUN FOR PULMONARY FIBROSIS REGISTRATION FORM



19TH ANNUAL

SATURDAY, MAY 24, 2025

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

RACE DATE/TIME: Saturday, May 24, 2025. 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. 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 9, 2025. **After Friday, May 9, 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 after May 9th.** (If registration is postmarked before Friday, May 9, 2025, you will receive a complimentary Coopersburg 2025 5K t-shirt). Make checks payable to Wescoe Foundation for Pulmonary Fibrosis or WFPF. Online registration is available at: www.wescoe.org; www.active.com (Closes on Wednesday, May 21, 2025).

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

2025 Coopersburg 5K Run for Pulmonary Fibrosis
229 N. Main St.
Coopersburg, PA 18036
email: jennifer@wescoe.org; 484.553.6340

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

NAME

EMAIL

STREET

CITY, STATE, ZIP CODE

PHONE NUMBER

CONSENT AND WAIVER

I hereby declare myself in good physical condition and able to run or walk in the 2025 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.

T-SHIRT SIZE (CIRCLE ADULT or YOUTH)

AS AM AL AXL AXXL AXXXL
YS YM YL

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

PRINT NAME

CIRCLE YOUR GENDER & AGE GROUP ON RACE DAY

SIGNATURE

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)	

SIGNATURE OF LEGAL GUARDIAN (PARTICIPANT UNDER 18)

DATE SIGNED