

JUNE IN OLDE WILLIAMSBURGH 5K Run/Walk
Start Time: Saturday, June 6, 2009 – 9am
A portion of the proceeds will benefit the
Run for the Funds Scholarship!

Course – The run/walk will begin at the Old Williamsburg High School, located at 549 W. Main St., and will head out of town. This is a mostly flat course, with a few hills toward the end of the course.

This run is during the June in Olde Williamsburgh Festival, come and see what is going on this weekend!

Pre-Registration: (non-refundable) is \$20, includes race, goody bag and t-shirt to the first 150 registrations, starts at 7:30 – 549 W Main St. (The Old High School)

Race Day Registration: (non-refundable) is \$25, and includes race, goody bag and t-shirt if available.

Entry Deadline: All pre-registration entries must be post marked by May 30, 2009.

Race Divisions: Men and Women Runners – 7-12, 13-18, 19-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-69, 70 and over.
Fitness Walkers - 29 and under, 30-39, 40-49, 50-59, 60 and over.

Awards: Top male/female runners and walkers in each race division.

Information: Rachel Lefker 513-623-4611, or e-mail questions to RLefker13@yahoo.com

Directions to Williamsburg: From State Rt 32, Take the Williamsburg State Rt 133 exit, Turn Right onto State Rt 133, Turn Left onto Main Street (also State Rt 133), the school is located on the right at 549 W Main Street, just past the BP!

Race Entry Form:

First Name: _____ Last Name: _____ Gender M ___ F ___

Address: _____ 5K Run ___ 5K Walk ___

City: _____ State: ___ Zip: _____ Daytime Phone: _____

Age (as of June 6, 2009) _____

T-shirt size: S ___ M ___ L ___ XL ___ E-mail: _____

How did you hear about the race? _____

Waiver: In consideration of the acceptance of my entry, I hereby waive on my behalf of my heirs, executors and assigns, all claims of any nature arising from my participation in the 5K Run/Walk and post part, and do hereby release all sponsors, workers, officials, volunteers and the Village of Williamsburg from any claim whatsoever arising from my participation in this event. I agree to abide by all the rules for participation, and acknowledge that the Race Committee may refuse to return my entry at its discretion. I understand the risks for such a run, and have trained adequately in preparation. I HAVE NOTED MEDICAL CONDITIONS ON THIS FORM.

Entrant's Signature _____ Date: _____

Parent's Signature _____ Date: _____

(required for entrants 18 and under)

In case of medical emergency contact (required by entrants 18 and under): _____

Phone _____

Make checks payable and send to: June in Olde Williamsburgh 107 W Main Street, Williamsburg, Ohio 45176.