



LEHIGHTON YOUTH WRESTLING



DATE CHANGED TO SAT. SEPT. 23, 2017

2nd ANNUAL TAKEDOWN 5K RUN/WALK & Kids Fun Run

Saturday, September 23, 2017 8:30AM (rain or shine)

COURSE: Located at Riverview Park at 438 Riverview Road Bowmanstown, Pa we will travel 1.5 miles down the beautiful D & L Trail before turning around for the second half of the 5k. Water station will be provided at the half way point. The kid's fun run will be a total of 1 mile.

ENTRY FEE: Kids Run- \$15.00 includes free commemorative t-shirt

Pre-registration-\$20.00 includes free commemorative t-shirt

Day of event- \$25.00 (Limited number of t-shirts available.)

AWARDS: Medals to be awarded for 1st -3rd in all age groups for both male and female. Top male and Top female will also receive a medal. There will also be 1st -3rd for the first three wrestlers to cross the finish line.

AGE GROUPS: 4-8 , 9-13 , 14-19, 20-29, 30-39, 40-49, 50-59, 60+

Race Registration: will be held from 7:00-8:15am the day of the event underneath the pavilion at riverside park. The kids' fun run will begin promptly at 8:30am/ The 5k run walk will begin at 9am. The walkers will start behind the runners. Race will be held rain or shine. Proceeds Benefit the Lehigh Valley Youth wrestling team (LABC).

REGISTRATION FEE PAYMENT: Make Checks Payable to LABC. Please send entry form and payment to LABC PO Box 353 Lehigh Valley, PA 18235.

If you have any questions, please contact Joey Roetz at 570-657-7433 or email jnmroetz@gmail.com

2017 TAKEDOWN 5K ENTRY FORM (PLEASE PRINT)

NAME: _____ PHONE: _____

ADDRESS: _____ AGE _____ GENDER _____

CITY: _____ STATE: _____ ZIP: _____ DOB: _____

EMAIL: _____

T-SHIRT SIZE (CIRCLE ONE): YS YM YL YXL AS AM AL AXL AXXL

WAIVER APPROVAL (ALL ENTRANTS MUST SIGN)

In consideration of the acceptance of my entry, I, intending to be legally bound, do hereby for myself, my heirs, my executors, and administrators, waive, release and discharge and all rights and claims which I may have, or which may hereafter accrue to me against the Lehigh Valley Athletic Booster club and any and all agents, Sponsors and Promoters for any injuries or illness suffered by me while participating and traveling to and from this event.

Signature of Entrant: _____ DATE: _____

Signature of parent/guardian if under 18: _____ DATE: _____