

# The 35<sup>th</sup> Annual Dr. William Perkins Memorial Events

Contact Info  
perkinsrun.com  
facebook.com/perkinsrun  
honesdalexc@gmail.com

## Saturday, July 17, 2021 Wayne County Fairgrounds

Sponsored by  
**Wayne Memorial Health System, Inc.**  
**Honesdale Cross Country**  
**Wayne County Commissioners**

Register on-line at  
perkinsrun.com

**5K Wayne Memorial Health System Fitness Walk**  
**8:30 a.m.**  
We welcome walkers of all ages.  
Competitive Walkers only will be timed.  
Competitive Walkers are not permitted to walk/run.

Awards: First Overall Male & Female

**Quarter Mile Fun Run**  
**9:45 a.m.**  
On the Fairgrounds Track.  
Gift to finishers age 10 and under.

**5K Run 8:30 a.m.**

Male and Female Age Groups

0-10	40-44
11-15	45-49
16-19	50-59
20-29	60-69
30-34	70+
35-39	

Awards: Overall Male & Female

1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> Place Male & Female in each age group.

Stroller Division - First overall Male & Female. The same person must push stroller the entire course in order to compete in this division.

1<sup>st</sup> Overall Male and Female Wayne Memorial Health System Employees Receive Trophy.

No Award Duplications

**One Mile Run**  
**9:30 a.m.**  
Two laps around track

Separate Runs for Men and Women (if needed)

**Individual Awards**

Male and Female

0-6	30-39
7-9	40-49
10-13	50-59
14-18	60-69
19-29	70+

1<sup>st</sup> Place Overall Male and Female Receive Award.  
1<sup>st</sup> Place Male & Female in each Age Group Receive Award.

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Return this section with Entry Fee by July 12, 2021 (PLEASE PRINT)

Adult **Shirt Size: XS S M L XLG (Circle One)**

Make checks payable to: **Honesdale Cross Country**  
Lindsey Pender, 198 Prompton Road, Honesdale, PA 18431  
570-253-4908 email: [lpender@whsdk12.com](mailto:lpender@whsdk12.com)

Please check events you wish to enter below:

<input type="checkbox"/> 5K Stroller Division \$20 (Post Entry \$25)	Family Discount: Each member must use a separate form for a family member entered after the first three (3), Pre-entry -- \$5 each additional family member Post-entry -- \$8 each additional family member
<input type="checkbox"/> 5K Run (3.1 miles) \$20; (Post entry \$25)	
<input type="checkbox"/> One Mile \$10; (Post entry \$15)	
<input type="checkbox"/> Quarter Mile (Free)	
<input type="checkbox"/> 5K Fitness Walk \$10 (Post entry \$15)	

Name \_\_\_\_\_ Sex \_\_\_\_\_ Age (as of 7/17/21) \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

In consideration of the acceptance of my entry, I, intending to be legally bound, do hereby waive, release and discharge any and all claims which I may have or which may hereafter accrue against any and all sponsors while participating or while traveling to and from the event.

Signature \_\_\_\_\_ (Signature of parent if runner is under 18)

Check if Wayne Memorial Hospital Employee \_\_\_\_\_