

### 5K Wayne Memorial Fitness Walk

Start time: 8:30 a.m.

We welcome walkers of all ages. Competitive walkers will be timed and must walk, no running allowed. Awards to 1st Place Male & Female.

### 5K Run—Flat & Fast Course

Start time: 8:30 a.m.

Start and finish at the fairgrounds. Individuals Awards - No Duplications.

#### Male and Female

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

1st Place Overall, Male & Female receive award.

Awards to 1st, 2nd, & 3rd place finishers in each age group.

1st Place Overall Male & Female Wayne Memorial Hospital Employee receive trophy.

### Quarter Mile Fun Run

Start time: 9:45 a.m.

Children of all ages welcome! Prize to finishers age 10 and under.

### One Mile Run

Start time: 9:30 a.m.

#### 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 Male & Female overall receive award.

1<sup>st</sup> Place Male & Female in each age group receive award.

### 5K Run Stroller Division

Start time: 8:30 a.m.

The same runner must push the stroller the entire race.

1st Place Overall Male & Female Receive award.

### Contact Information:

[www.perkinsrun.com](http://www.perkinsrun.com)

[Facebook.com/perkinsrun](https://facebook.com/perkinsrun)

Email: [honesdalexc@gmail.com](mailto:honesdalexc@gmail.com)

### On-line registration:

<https://runsignup.com/Race/PA/Honesdale/DrPerkinsMemorialEvents>

Return this section with Entry Fee by July 9, 2022 (PLEASE PRINT) **Adult Shirt Size: XS S M L XLG (Circle One)**

Make checks payable to: **Honesdale Cross Country**

Send to: Lindsey Pender - 198 Prompton Road, Honesdale, PA 18431

570-253-4908 | [pender@whsck12.com](mailto:pender@whsck12.com)

Please check events you wish to enter below:

Quarter Mile Fun Run (Free)  
5K Run (3.1 miles) \$20; (Post entry \$25)  
One Mile \$10; (Post entry \$12)  
5K Run Stroller Division \$20 (post entry \$25)  
5K Fitness Walk \$10 (Post entry \$15)  
Family Discount: Each member must register under a separate form  
For each member entered after the first three (3):  
Pre-entry -- \$5 each additional family member  
Post-entry -- \$8 each additional family member

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Phone \_\_\_\_\_

Sex \_\_\_\_\_ Age (as of 7/16/2022) \_\_\_\_\_

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 participant is under 18) \_\_\_\_\_ Check if WMH Employee \_\_\_\_\_