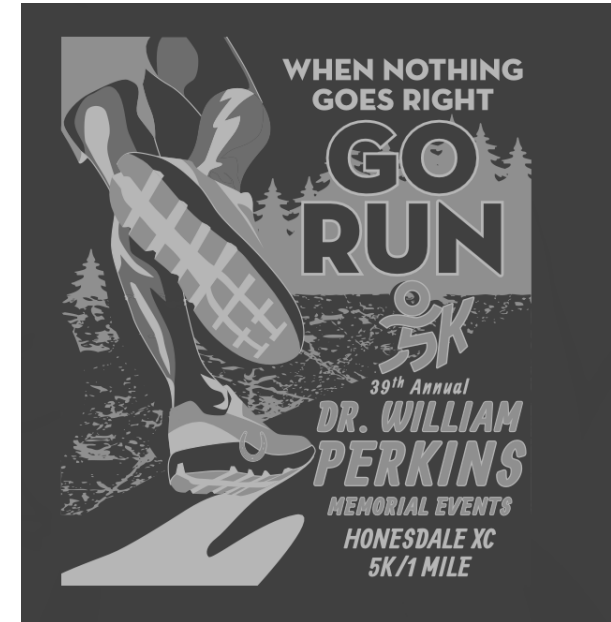


Lindsey Pender
198 Prompton Road
Honesdale, PA 18431



Saturday, July 12, 2025

Wayne County Fairgrounds

270 Miller Drive, Honesdale, PA 18431

Sponsored by:

Wayne Memorial Health System

Honesdale Cross Country Team

Wayne County Commissioners

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.
Individual 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 trophies.

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 +

1st Place Male & Female overall receive award.

1st 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
Facebook.com/perkinsrun
Email: honedalexc@gmail.com

On-line registration:

<https://runsignup.com/Race/PA/Honedale/PerkinsMemorialEvents>

Return this section with Entry Fee by July 7, 2025 (PLEASE PRINT) **Adult Shirt Size: XS S M L XLG (Circle One)**

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

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

570-253-4908

lpender@whsdc12.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 _____

Sex _____ Age (as of 7/12/2025) _____

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 participant is under 18) _____ Check if WMH Employee