

Ghostly Gallop 5K Race



HUDSON
Area Association
LIBRARY

Sunday,
October 30,
2011

All proceeds to benefit the Hudson Area Association Library

1-Mile Kids Race (age 12 and under free) 9:45 a.m.
5K Road Race - 9:00 a.m. (\$20.00)
5K Community Walk - 9:00 a.m. (\$20.00)

Race Packets available at the Hudson Library
Friday, Oct. 28 at 3:00 p.m. to 5:00 p.m.
Saturday, Oct. 29 at 10:00 a.m. to 3:00 p.m.

Long Sleeve T-Shirt to all 5-K participants

Race Day Registration: 7:00 a.m. to 8:30 a.m.

In Memory of William F. Cranna

*Start and finish at the Hudson Area Library

Name: _____ Date of Birth: _____

Address: _____ Age on 10/30/2011: _____

City: _____ State: _____ Zip: _____ Sex: _____ Male _____ Female

T-Shirt size (circle One): _____ Phone: _____ Fax: _____

Small Medium Large Extra Large Email: _____

I am registered for (circle one):

5K Road Race 5K Walk Kids Mile



Costumes Welcome
All children in costume
will receive a special prize!



I wish to contribute \$ _____ (enclosed) to the Hudson Area Association Library. All contributions are Tax deductible.

Total Amount Enclosed (nonrefundable): \$ _____

Payable to the Hudson Area Association Library

Mail to: Hudson Area Association Library, 400 State Street, Hudson, New York 12534

Waiver - All Entrants MUST sign (parent or guardian must sign for applicant underage 18)

In consideration for your accepting this entry, I, the undersigned, intending to be legally bound, hereby, for myself, me heirs, executors and administrators, waive and release any and all rights and claims for damages I might have against the Hudson Area Association Library, the City of Hudson, and any officials or sponsors of this race, their representatives, assessors, and assigns for all injuries, illness, or property loss suffered by me while completion in or traveling to or from the race on October 30, 2011. I attest and verify and verify that I am physically fit and have trained for the completion of this race.

Signature: _____ Date: _____