

CROP 5K RUN/2 MILE WALK
9:00 A.M.
FEDERATED CHURCH
452 EAST MAIN STREET
WEST WINFIELD, NY

NAME: _____ AGE: _____

SEX: _____ EMAIL: _____

ADDRESS: _____

RACE AMOUNT: _____ (\$15.00 PER PERSON)

TOTAL COST: _____

CIRCLE ONE: 5K RUN 2 MILE WALK

T-SHIRT SIZE: (CIRCLE ONE): SMALL MEDIUM LARGE EXTRA LARGE

WAIVER: In consideration of acceptance of this application, I, the undersigned, intending to be legally bound, hereby, for myself, my heirs, executors, administrators and assigns waive any and all rights and claims for damages I may have against the Crop Organization, their representatives and successors for any and all injuries suffered by me at the race to be held in West Winfield on May 14th, 2016. I verify that I am physically fit and have trained sufficiently for the competition.

Signature: _____

Parent Signature: _____

Please make checks payable to "Crop" and mail applications by May 2, 2016.
Applications should be mailed to: Mary Lou Pustay at P.O.Box 397, West Winfield,
NY 13491.

For information and/or directions to the Federated Church, email to
Copper700@aol.com.