Roanoke River 5K Run/Walk

Saturday April 7, 2012 9:00 am

Rivers Edge Sports Complex Roanoke, Va

5K Run/Walk Starts at 9:00 a.m.

Packet Pick-up and Registration will be at Fleet Feet on Friday April 6 from 5:00 p.m. to 7:00 p.m.
Race Day Registration and Packet Pick-up 7:30 am -8:45am, at the Gazebo next to the Tennis Courts!!!

Early Registration (Postmarked by April 2): $17 for 5k

Late Registration and Race Day Registration: $22 for 5k

Awards for the Top 3 Male/Female, plus awards to top Male/Female Master's Runner

Age Division Awards to Top 3 Male/Female

13 and Under 14-17 18-22 23-29 30-34 35-39 40-44 45-49
50-54 55-59 60-64 65-69 70 and over

The River Run course Starts and Finishes at The Rivers Edge Sports Complex and is exclusively on the Roanoke River Greenway.

Directions: From Rt. 220/581 South. Take the Wonju Street exit. Make a left at the light onto Franklin Road. Stay straight on Franklin Rd., Rivers Edge Sports Complex is on left across from Ramada Inn. Registration is at the Gazebo next to Tennis Courts Parking is available on Wiley Dr. and Reserve Avenue parking lot.

Contact: Jeremy Woods 540-589-3212 **Email:** jawoods@rcs.k12.va.us

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Entry Form

Name:_____ Sex:_____

Address:_____ Birth Date:_____

City:_____ State: _____ Zip:_____ Phone:_____

T-Shirt (Circle One) S M L XL

Mail To:
Jeremy Woods
Attn: Roanoke River 5K
6944 Linn Dr.
Roanoke, VA 24019

Make Check Payable To:
William Byrd Cross Country

Amount Enclosed:_____

Application Must Be Signed

I know that running a road race is a potently hazardous activity. I should not run unless I am medically able and properly trained. I agree to abide by any decision of race officials relative to my ability to safely complete the race. I do hereby for myself, my heirs, executors, administrators and assignees, release and forever discharge the sponsors and all those involved and manning this event, from all claims of any kind arising as a result of my participation in this race.

Signature:_____ Date:_____

If under 18 Parent or Legal Guardian must co-sign:_____ Date:_____

THANKS TO THE FOLLOWING SPONSORS FOR YOUR SUPPORT

DR. ANDREW KARTESZ & ASSOCIATES BROGAN INSURANCE WOODS FARMS
BLUE RIDGE DENTAL GROUP STATE FARM AGENT CASEY MORGAN
WOOD'S SERVICE CENTER NEW YORK LIFE AGENT ANTONIO WOOD
SIMMONS INSURANCE CONTINENTAL TIRE