

# LITTLESTOWN GOOD OLE DAYS

# 5K

**Saturday, August 19, 2017 8:00 am**

(registration begins at 7:00am)

**Advance Registration:** (Postmarked by August 12<sup>th</sup>) - \$15

**Late Registration:** (Postmarked after August 12<sup>th</sup>) - \$20

**Team**

**Registration:** 5 or more runners from an organization \$12 per runner

(registrations must be bundled together and postmarked by August 12<sup>th</sup>) Race Day fee \$17

Checks should be made payable to **Littlestown Boys Basketball**

**Booster** and mailed/delivered to **Littlestown YMCA, 95 Littlestown, PA 17340** (mark "5K Run" in the memo line) **guaranteed T-Shirt**



Awards and Course Records:			Overall	Male: 19:27	Female: 19:17
				Bob Breighner	Jessica Paholsky
Age Group	Male/#Trophies	Female/#Trophies	Age Group	Male/#Trophies	Female/#Trophies
13&Under	23:58 (3)	29:06 (3)	35 - 39	22:33 (3)	23:13 (3)
	Michael Gazmen	Marrin Crist		Mike Greene	Kelly Renner
14 - 19	22:32 (3)	23:22 (3)	40 - 44	21:11 (3)	25:31 (3)
	Daniel Gazmen	Janelle Kress		Chris Grelli	Tara Topper
20 - 24	19:31 (3)	19:17 (3)	45 - 49	19:27 (3)	26:57 (3)
	Derek Breighner	Jessica Paholsky		Bob Breighner	Tara Topper
25 - 29	29:26 (3)	24:43 (3)	50 - 59	20:28 (3)	27:08 (3)
	Noah Miller	Nicole Groge		Doug Crist	Vicki Arentz
30 - 34	22:45 (3)	23:31 (3)	60 - 69	21:52 (3)	35:10 (3)
	Dylan Schoneweis	Lisa Kuhns		Neal Riemenscheider	Carol Goodpaster

## Littlestown Good Ole Days 5K Run/Walk Registration Form

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Sex: M F Race Day Age: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Shirt Size: S M L XL Team Organization (if applicable) \_\_\_\_\_

**Please don't forget to sign waiver on back of form**



## Course Map



**Sponsors:** Kennie’s Market, LaBella Italia Restaurant, Little’s Funeral Home, Stevig’s Plumbing, ACE Hardware, S R C Insurance, Littlestown Auto Care Center, Breighner Tire, Restoration And Collision Experts, Littlestown Dental Associates, PIVOT Physical Therapy, Sheetz, American Legion Post 321, VDJ Wesley “D”

In consideration of being permitted to participate in the Good Ole Days 5K 2017, I hereby for my heirs, my personal representatives and myself assume any and all risks that might be associated with the event. I further waive, release, discharge and covenant not to sue YMCA, Littlestown Historical Society, Littlestown Bolt Boosters, their officers, employees, organizers, volunteers or other representatives or successors and assigns, for any and all injuries or damages of any kind whatsoever suffered as a result of taking part in the event and any related activities. I also agree to the use of any photo, film or videotape of the event that may include my likeness for any purpose.

Participant’s Signature: \_\_\_\_\_

If the participant is under 18, the parent/legal guardian must sign