



# BROOKSIDE 5K RACE

LOCATION: Brookside Museum, Ballston Spa

DIRECTIONS: From Route 50, go into Village of Ballston Spa, turn onto Front Street, go to end and then look for Race Marshals

COURSE: Out-and-back course begins at top of hill by Brookside, past fairgrounds to correctional facility. Fast course with a downhill finish for your summer-time PR! **\*\*USATF CERTIFIED\*\***

INDIVIDUAL ENTRY FEE: \$22 per person through 8/12/2014;  
\$27 8/13/2014 through 8/16/2014

FRIENDS & FAMILY ENTRY FEE: \$35 for two through 8/12/2014\*  
\*Entries **MUST** be submitted together to be eligible and this rate is valid through 8/12/2014. **NOT VALID** for day of race registrations.

APPLICATION: At Brookside,  
[www.brooksidemuseum.org](http://www.brooksidemuseum.org)

ONLINE REGISTRATION: [www.active.com](http://www.active.com)

CHECK-IN: Late registration and packet pick-up starting at 7:15AM

TSHIRTS: To first 200 registered

AWARDS: Male & Female overall; Age group awards by 5-year categories

INFORMATION: Joy Houle, 885-4000 or [jhoule@brooksidemuseum.org](mailto:jhoule@brooksidemuseum.org)

12<sup>th</sup> Annual  
Saturday  
August 16, 2014  
8:30 AM



BROOKSIDE MUSEUM

Sponsored by:



6 CHARLTON STREET | BALLSTON SPA, NY 12020 | 518.885.4000 | [WWW.BROOKSIDEMUSEUM.ORG](http://WWW.BROOKSIDEMUSEUM.ORG)

Make checks payable to: Brookside Museum

Mail entry to: 6 Charlton Street, Ballston Spa, NY 12020

## PRIMARY ENTRY

NAME \_\_\_\_\_ AGE \_\_\_\_\_ GENDER \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_

STREET

CITY

STATE

ZIP

CIRCLE SHIRT SIZE (ADULT) S M L XL

MEMBER OF BROOKSIDE? Y N SIGN ME UP!

° *Yes! I'd love to make a tax-deductible donation to the Stride to Learn Education Fund.*

Entry Fee(s) \$ \_\_\_\_\_

Stride to Learn Donation \$ \_\_\_\_\_

**Total Amount Enclosed** \$ \_\_\_\_\_

In consideration of your accepting this entry, I understand, intending to be legally bound, hereby, for myself, my heirs, executors and administrators, waive and release all rights and acclaims for damages I may have against Brookside Museum, USATF, all sponsors, volunteers and workers, race organizers, their representatives, successors, and assigns for any and all injuries suffered by me in said event. I attest and verify that I am physically fit and have sufficiently trained for this race.

SIGNATURE \_\_\_\_\_

SIGNATURE OF PARENT IF UNDER 18 \_\_\_\_\_

FOR FRIENDS & FAMILY RATE, PLEASE SEE REVERSE SIDE...

**FRIENDS & FAMILY PARTNERS**

NAME \_\_\_\_\_ AGE \_\_\_\_\_ GENDER \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_

STREET

CITY

STATE

ZIP

CIRCLE SHIRT SIZE (ADULT) S M L XL

In consideration of your accepting this entry, I understand, intending to be legally bound, hereby, for myself, my heirs, executors and administrators, waive and release all rights and acclaims for damages I may have against Brookside Museum, USATF, all sponsors, volunteers and workers, race organizers, their representatives, successors, and assigns for any and all injuries suffered by me in said event. I attest and verify that I am physically fit and have sufficiently trained for this race.

SIGNATURE \_\_\_\_\_

SIGNATURE OF PARENT IF UNDER 18 \_\_\_\_\_