



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 summertime PR! **USATF CERTIFIED**

INDIVIDUAL ENTRY FEE: \$22 per person through 8/13/2013;
\$27 8/14/2013 through 8/17/2013

FRIENDS & FAMILY ENTRY FEE: \$35 for two through 8/13/2013*
*Entries MUST be submitted together to be eligible and this rate is valid through 8/13/2013. NOT VALID for day of race registrations.

APPLICATION: At Brookside, www.brooksidemuseum.org

ONLINE REGISTRATION: www.active.com

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

TSHIRTS: To first 300 registered

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

INFORMATION: Joy Houle, 885-4000 or jhoule@brooksidemuseum.org

BENEFITS: Brookside Museum education programs

11TH ANNUAL
JAILHOUSE ROCK 5K

Saturday
August 17, 2013

Start Time: 8:30 AM



SANCTIONED EVENT

6 CHARLTON STREET | BALLSTON SPA, NY 12020 | 518.885.4000 | 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

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

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 claims 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 _____

Entry Fee	\$ _____
Stride to Learn Donation	\$ _____
Total Amount Enclosed	\$ _____

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

FRIENDS & FAMILY PARTNERS

NAME _____ AGE _____ GENDER _____

PHONE _____ EMAIL _____

ADDRESS _____

STREET

CITY

STATE

ZIP

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