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BIB #

June in Olde Williamsburgh

# Bill Brewer Honor Run 5/10k

Start Time: Saturday, June 1, 2019 – 9am

**Run or walk the race to honor the life of Williamsburg HS graduate Detective Bill Brewer  
\$500 Scholarships will be awarded to 2 Williamsburg high school seniors**

**Course** – The run/walk will begin at the Old Williamsburg High School, located at 549 W. Main St., and will head out of town to the Hike/Bike Trail and back.

**Race Divisions:** Male and Female Runners – 7-12, 13-18, 19-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-69, 70 and over.

**Fitness Walk Divisions:** 29 and under, 30-39, 40-49, 50-59, 60-69, 70 and over.

**Awards:** Top male/female runners and walkers, and 1<sup>st</sup> place in each race division.

*T-shirts are available for purchase for \$5 to first 100 participants.*

**Age (as of June 1, 2019)** \_\_\_\_\_ **Gender:** M F **Race:** 5K Run 5K Walk 10K

Adult registration **NO SHIRT - \$20** \_\_\_\_\_

Child registration **NO SHIRT - \$10** \_\_\_\_\_

**OPTIONAL T-shirt – Add \$5 PLEASE CIRCLE SIZE: (adult sizes) XS S M L XL**

**PLEASE WRITE LEGIBLY SO WE HAVE CORRECT INFO!**

**(Please Print)** First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_ Signature: \_\_\_\_\_

Parent's Signature \_\_\_\_\_ (required for entrants 18 and under)

In case of medical emergency contact (required by entrants 18 and under): \_\_\_\_\_ Phone: \_\_\_\_\_

**ENTRIES MUST BE POST MARKED BY THURSDAY, May 30, 2019  
ONLINE REGISTRATION and SAME DAY RESULTS AVAILABLE AT:**

# *RunningTime.net*

**Make checks payable and send to: June in Olde Williamsburgh 107 W. Main Street, Williamsburg, Ohio 45176.**

**Waiver:** In consideration of the acceptance of my entry, I hereby waive on my behalf of my heirs, executors and assigns, all claims of any nature arising from my participation in the 5k/10k Run/Walk and post part, and do hereby release all sponsors, workers, officials, volunteers and the Village of Williamsburg from any claim whatsoever arising from my participation in this event. I agree to abide by all the rules for participation, and acknowledge that the Race Committee may refuse to return my entry at its discretion. I understand the risks for such a run, and have trained adequately in preparation. I HAVE NOTED MEDICAL CONDITIONS ON THIS FORM.

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