



Annual Memorial 5K Run

5K Memorial VIRTUAL 37th Annual Memorial Run

Saturday,
May 25, 2024

www.va5k.com



Benefiting local Veterans of the
surrounding area and the VAPAC

Event Date: Saturday, May 25, 2024

Event Time: 9:00 am start time for on location run.

Location: Lebanon VA Medical Center
1700 S. Lincoln Avenue
Lebanon, PA 17042

Entry Fee: Preregistration deadline: 05/17/24
5K: \$30
Fun Run with T-shirt: \$20
Fun Run without T-shirt: \$1
Toddler Trot—free
(Veterans receive a \$5 discount!)

Late Registration: 5K: \$35
Fun Run with T-shirt: \$25
Fun Run without T-shirt: \$5
(T-shirts are not guaranteed for late registrants)
(Veterans receive a \$5 discount!)

On-Line Registration: <http://www.runsignup.com>

Mail Registration: Checks shall be made payable to: VAPAC
Mail to:
Sara Balmer (136A)
VAPAC Treasurer
Lebanon VA Medical Center
1700 South Lincoln Avenue
Lebanon, PA 17042

Questions: Email us at Jessica.Lightner@va.gov
or call 717-272-6621 x5694
www.va5K.com

Can you believe it's the 37th year of this wonderful event that honors our Veterans!!!

Check our Facebook page to see what's happening:

<https://www.facebook.com/va5klebanon>

Participant Registration

	<u>Reg</u>	<u>Late</u>	<u>Veteran</u>	<u>Late</u>	<u>Veteran</u>
Sign up for:	Fee:	Reg	Pre-Reg:	Reg:	
<input type="checkbox"/> 5K Run	\$30	\$35	\$25	\$30	
<input type="checkbox"/> Fun Run	\$20	\$25	\$15	\$20	
<input type="checkbox"/> Fun Run (no t-shirt)	\$1	\$5	\$0	\$0	
<hr/>					
Last Name			First Name		
<hr/>					
Address					
<hr/>					
City		State		Zip	
<hr/>					
Email Address					
<hr/>					
Birthdate			Age		
<hr/>					
Emergency Contact Name and Phone Number					
<hr/>					
T-Shirt Size		Gender			
<input type="checkbox"/> S	<input type="checkbox"/> Male	<input type="checkbox"/> 10th Run	<input type="checkbox"/> 30th Run		
<input type="checkbox"/> M	<input type="checkbox"/> Female	<input type="checkbox"/> 20th Run			
<input type="checkbox"/> L					
<input type="checkbox"/> XL					
<hr/>					
If Veteran, Branch of Service					
<hr/>					

WAIVER: In consideration of acceptance of this entry, I waive any and all claims for myself and my heirs against officials, sponsors, VAPAC and South Lebanon Township for any injury or illness which may directly or indirectly result from my participation in the Memorial 5K Run. I further state that I am in proper physical condition to participate in this event. I hereby voluntarily and without compensation authorize pictures and/or voice recording(s) to be made of me (or of the above-named individual).

Signature