

5k Cross Country Race

5th ANNUAL Greater Buffalo Track Club

9AM Sunday, December 03, 2017
Delaware Park Meadows Golf Course,
Buffalo, NY

Race: 5k race around Delaware Park Golf Course (NEW COURSE).

Start Time: 9:00AM

Start Line: Meadow Drive Near Delaware Park Golf Course 1st Tee & Starters Shed

Course map available at www.greaterbuffalotrackclub.com

Location: Delaware Park Golf Course, Meadow Drive, Buffalo, NY 14214

Entry Fee: \$15 until November 30, \$20 afterward, including race day (Registration fees are non-refundable and non-transferable.) Long sleeve cotton shirts to registrations received by November 21. Post race refreshments.

Online registration at: www.Score-This.com or download an application from www.buffalorunners.com or www.greaterbuffalotrackclub.com

Packet Pick-up Race day only at Delaware Park Golf Course starting at 8AM (CASH ONLY)

Awards: First male and female finishers (Overall), first masters male and masters female and first place in 5 year age groups

(PLEASE PRINT)

LAST NAME _____ FIRST NAME _____ M.I. _____

ADDRESS _____

TOWN/CITY _____ STATE/PROVINCE _____

ZIP/POST CODE _____ EMAIL _____

M ___ F ___ AGE (DAY OF RACE) _____ PHONE: (_____) _____ - _____

T-SHIRT SIZE: S M L XL XXL No shirt

Runner's Signature: _____

Parent or Guardian Signature (if under 18): _____

Questions: Contact the Race Director at
briancmcelroy@gmail.com
Gbtc.president@gmail.com

Waiver must be signed for entry acceptance

In registering for Greater Buffalo Track Club's Delaware park cross country race I state that I fully understand and assume the risk and responsibility for participating in an athletic event. I hereby state that I am fit to participate. I also waive all claims for myself, and for anyone acting on my behalf, against the Greater Buffalo Track Club, any and all sponsors, the city of buffalo and Olmsted parks . County of Erie, State of New York and NY State Dept. of Parks for damages that might result from my participation therein. If I am injured or taken ill, I hereby authorize race officials to transport me to a medical facility and/or to administer emergency medical treatment and waive all claims for damages that might result from such transport and/or treatment. I also agree to provide certain medical data to race officials to expedite such treatment.

Make checks payable and send to:

Score-This!!!, Inc., 15 RANCH TRAIL CT., ORCHARD PARK, NY 14127

