

Please consider on-line registration @ https://runsignup.com/Race/NY/Croghan/ArdisonFarneyRuns ~ Military Discount \$3 ~ Sign up 3 or more at one time online & save \$5! ~

- Start/finish/race headquarters at the **Croghan Mennonite Church** (7048 Kirschnerville Rd, Croghan, NY 13327)
 - Good Ol' Wishy's Wee Run (kids 8 & under) starts at **9:15 am** 1st 25 registered receive a free Wishy's t-shirt!
 - 1 mile race starts at 9:30 am
 - 5K and 10K Start at 10:00 am
- 5 and 10K courses will be thru Croghan & on rolling country roads (10K has some good hills) NEW COURSES 2015
 - T-Shirts guaranteed to preregistered runners (artwork by local artist Doug Hoch), sponsors listed on back
 - Race day Registration @ Church 8 9:15 am first come, first served t-shirts
 - Awards to Overall M/F winners in the mile & longer races. 5K & 10K only, awards to top 3 age group runners (10 & under, 11-14, 15-19, then 10 yr groups). Ribbons to all runners in all races.

May add 1 mile age group awards dependent on # of sign-ups.

Proceeds to benefit memorial scholarships/local programs in honor of Mike Ardison & Dereck Farney

		(Cut here & mail below form)
Name	Address	City
State	Zip	Phone Number
T-Shirt Size (circle one) S M OR Youth (Wee Run ONLY, kids 8		Which Race? Wee Run (Free)
Male Female Age on R **Make Checks Payable to: Ardiso	n-Farney Memorial R	9227 Deveines Road Castorland, NY 13620
Questions or more information:	cherylsteiner333@g	mail.com or cell 315-523-0526
claims for damages or injuries that sponsors and their representatives a	is entry, I, the participar I may have against the E and employees for any anore, during or after the e	nt, intending to be legally bound and hereby waive or release any and all right and event Director, RunSignUp.com, and all of their agents assisting with the event, and all injuries to me or my personal property. This release includes all injuries event. I recognize, intend and understand that this release is binding on my heirs,
this event and that my physical con-	dition has been verified l	ter this race that I am physically fit and sufficiently trained for the completion of by a licensed Medical Doctor. By submitting this entry, I acknowledge (or a ing read and agreed to the above waiver.
Date:	Signature:	
If under age 18, parent or guardian m		
Parent or Guardian Name (print):		Gives Consent by Signing: