

13<sup>th</sup> Annual  
Delaware Youth Center



5K River Race

"Along the Scenic Delaware River"

**SUNDAY, JULY 24, 2011**

**Walker Race Time – 8:20 AM**  
**Runner Race Time – 8:40 AM**

Callicoon, NY 12723

Trophies awarded for **walkers** and **runners**

**First 135 registered applicants guaranteed a 2011 race t-shirt**

Pre-Registration (by June 28, 2011) - \$18.00

Registration Fee after June 28th - \$22.00

(Registration starts at 7:00 a.m.)

(Walker start time - 8:20 a.m.)

(Runner start time - 8:40 a.m.)

**USATF Certified Course #NY03039AM**  
Certified by: **Brian Cavanagh**

*Flat, very fast course alongside Delaware River, great for an accurate Personal Record!*



For additional information or to be mailed a race application call (845) 887-5155 or email [dyc5k@hvc.rr.com](mailto:dyc5k@hvc.rr.com)

Walker #  
Assigned:

Runner #  
Assigned:

**First 135 registered applicants guaranteed a 2011 race t-shirt**

**ENTRY FORM**

Yes! I will be participating in the 5K River Race. I am enclosing my check/money order made payable to the Delaware Youth Center, Inc. for the race. I understand my entry form must be postmarked by June 29, 2011 to qualify for the early registration fee and also to guarantee my receiving a t-shirt.

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Best 5K Time: \_\_\_\_\_

**DIVISIONS**

Walker\*

Runner

\*Trophies for Walkers will be awarded to:  
1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> place overall – only.

MALE

FEMALE

12 & UNDER

30-39

13-15

40-49

16-19

50-59

20-29

60 - PLUS

**LIABILITY AND PUBLICITY RELEASE**

In consideration of you accepting this entry, I, the undersigned, intending to be legally bound here for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for damages I may have against any publications, the Town of Delaware, the Delaware Youth Center, all sponsors, broadcasting companies and all others to be named, their representatives, successors and assigns for any and all injuries suffered by me in said events.

Date

Signature of Athlete

Signature of parent/guardian if athlete is under 16 years of age

**T-Shirt Size (circle one)**

**S M L XL**

Make checks payable to:  
Delaware Youth Center, Inc.  
P.O. Box 354 – Callicoon, NY 12723