

# Pine Cobble School & WMAC Family Food Day Frolic 5K Road Race

Welcome runners to Pine Cobble School's Family Food Day Frolic 5K Road Race. The 5K Road Race will be Saturday, October 29, 2015 at 9:00 a.m., starting and ending at Pine Cobble School, located at 163 Gale Road, Williamstown, MA. All proceeds will benefit local food banks.

Complete and send entry form with payment to: Pine Cobble School, 163 Gale Rd, Williamstown, MA 01267. Make checks payable to Pine Cobble School. Or sign up and pay via credit card online at [www.pinecobble.org](http://www.pinecobble.org). Please contact Amie Bui at [a.bui@pinecobble.org](mailto:a.bui@pinecobble.org) or (413) 458-4680 x 16 with questions.

Registration fees include a T-shirt for each participant. Pre-Registration is until October 21, 2015, but race day registration is also available.

- \$15.00 - Individual entries
- \$30.00 - Two entries
- \$40.00 - Three entries
- \$50.00 - Four entries
- \$12.00 - Per participant for groups of five or more

Name of Family/Group: \_\_\_\_\_ Total number of entries \_\_\_\_\_

Race Day registration starts at 8:15 a.m. Race Day registration fees are \$17.00 per person.

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Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_ WMAC Member? Yes / No  
Phone \_\_\_\_\_ T-Shirt Size: YM / YL / AS / AM / AL / AXL

Please enter me in the Family Food Day Road Race. I agree to assume all responsibility for and all risk of damage or injury that may occur to me as a participant of this event. In consideration of being accepted as an entrant in this event, I hereby, for myself, my heirs, executors and administrators, release and discharge any and all sponsors of the Family Food Day Road Race from all claims, damages, rights of action, present or future weather the arising of, or incident to my participation in this event. I hereby certify that I am physically fit and have trained for competition in this event. I also grant permission for the use of my name and/or picture in any broadcast, photograph or other account of this event.

Signature

\_\_\_\_\_  
Parent/Guardian Signature (if under 18)

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Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_ WMAC Member? Yes / No  
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Signature

\_\_\_\_\_  
Parent/Guardian Signature (if under 18)

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Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_ WMAC Member? Yes / No

Phone \_\_\_\_\_ T-Shirt Size: YM / YL / AS / AM / AL / AXL

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