



2015 DION SNOWSHOE SERIES



16th SARATOGA WINTERFEST 5K SNOWSHOE RACE

SARATOGA SPA STATE PARK Saratoga Springs, NY
SNOWSHOE HIKERS AND RUNNERS WELCOME!

DATE/TIME SUNDAY, FEBRUARY 1, 2015 11:00 AM
START/FINISH SARATOGA SPA PARK, 19 Roosevelt Dr, Saratoga Springs, NY 12866
REGISTRATION 9:30–10:45 AM, Administration Building
TO REGISTER ONLINE: Go to www.saratogastryders.org for link to www.active.com
ENTRY: \$15 Pre-registered \$20 DAY OF RACE
Pre-Registered ONLY: \$25 for both Winterfest & Camp. (1 shirt). Please fill out both Winterfest and Camp Saratoga form.
Pre-Registered ONLY: Age 65 and over: FREE
Age 12 & under: FREE
SHIRTS: FREE selection of previous years' shirts, first come, first served
FREE LUNCH: For athletes, volunteers and guests
SNOWSHOE SIZE: 120 sq. in. FUNCTIONAL SURFACE AREA (All adult models OK)
LOANERS: Provided by DION SNOWSHOES www.dionsnowshoes.com
Limited number. \$5 rental fee payable day-of. Call or email early to reserve.
APPLS and INFO: www.runwmac.com/snowshoe and www.dionsnowshoes.com
SNOW CONDITIONS: If no snow, may have a trail race. No refunds
DIRECTIONS: TAKE INTERSTATE 87 TO EXIT 13N. GO APPROXIMATELY 6 MILES NORTH TO PARK ENTRANCE. GO UP AVENUE OF PINES. FOLLOW SIGNS TO Little Theatre PARKING LOT.
RESULTS: On above websites **BENEFITS:** NATURAL HERITAGE TRUST
MORE INFO: LAURA CLARK laura@saratogastryders.org or 518-581-1278



MAIL ENTRY & CHECK MADE OUT TO: LAURA CLARK 91 LOUDEN RD
Winterfest SARATOGA SPRINGS, NY 12866

NAME _____ **GENDER** _____ **AGE** _____ **DOB** ____/____/____

ADDRESS _____ **NEED SNOWSHOES?** _____

CITY _____ **STATE** _____ **ZIP** _____

PHONE _____

EMAIL _____

In consideration of this entry being accepted, I hereby for my heirs, executors and assigns waive and release any and all claims for Damages I may have against the director, sponsors, their representatives, property owners or assigns for any and all injuries suffered in said event. I also release the people of the State of New York, Executive Department, NYS Office of Parks, Recreation and Historic Preservation, Saratoga/Capital District State Park Region, Saratoga Spa State Park, and its Officers, Agents and Assigns from any and all claims.

SIGNATURE (parent if under 18) _____

DATE _____