#### To register, click here.

# 22nd Annual **Rabbit Race 5K**

### 5K RUN / WALK SATURDAY, **APRIL 9TH @ 9:00AM** LATROBE MEMORIAL STADIUM

Awards in 8 Age Divisions: Male/Female ~ & Run/Walk Race Day Registration at Latrobe Memorial Stadium - 7:30 AM 9 AM Run Start, Walkers Start at 9:02 AM, Strollers @ rear

Race Fees: Pre-Registration (Before 3/28) \$20.00

Race Day Fee: \$25.00



NAME
E-MAIL
ADDRESS:
CITYSTATEZIP
□ RUNNER □ WALKER □ FEMALE □ MALE AGE DOB
PHONE:
If you registered as a WALKER you must WALK the entire race.
Shirt Size: Child Large Adult S Adult M Adult L Adult XL Adult XXL (XXL Fee \$2)
On consideration of this entry form being accepted, I (intending to be legally bound for myself, my heirs, and executors) do hereby waive and release all rights I may have against sponsors and officials of this race Greater Latrobe Parks & Recreation, City of Latrobe, and GLSD of any and all injuries I may sustain in this event. I attest that I am physically fit and have trained sufficiently for this 5K race.
SignatureCo-Signature (by parent or guardian if under 18)
Please check payment method:
☐ Check ☐ Cash ☐ Money Order ☐ Visa ☐ Mastercard ☐ Discover
Credit Card#
V-Code Exp. Date: Name on Card
Signature
Return Form & Payment to: Greater Latrobe Parks & Recreation, PO Box 307 Latrobe, PA 15650-0307 or Fax to 724-537-205

#### To register, click here.

## Fourth of July 5 Mile Run/ 2 Mile Walk

### **5 MILE RUN SATURDAY**, **JULY 2ND AT 9 AM** LATROBE MEMORIAL STADIUM

Awards in 8 Age Divisions: Male/Female ~ Run/Walk Race Day Registration at Latrobe Memorial Stadium – 7:30 AM 9 AM Run Start, Walkers Start at 9:02 AM, Strollers @ rear

Race Fees: Pre-Registration (Before 6/21) \$25.00

Race Day Fee: \$30.00 & WALK

E-MAIL
ADDRESS:
CITYSTATEZIP
□ RUNNER □ WALKER □ FEMALE □ MALE AGE DOB
PHONE:
If you registered as a WALKER you must WALK the entire race.
Shirt Size: Child Large Adult S Adult M Adult L Adult XL Adult XXL (XXL Fee \$2)
On consideration of this entry form being accepted, I (intending to be legally bound for myself, my heirs, and executors) do hereby waive and release all rights I may have against sponsors and officials of this race Greater Latrobe Parks & Recreation, City of Latrobe, and GLSD of any and all injuries I may sustain in this event. I attest that I am physically fit and have trained sufficiently for this 5K race.

V-Code\_\_\_\_\_\_ Exp. Date:\_\_\_\_\_\_ Name on Card \_\_\_\_\_ Signature

☐ Check ☐ Cash ☐ Money Order ☐ Visa ☐ Mastercard ☐ Discover

Return Form & Payment to:

Credit Card#

Please check payment method:

NAME

Greater Latrobe Parks & Recreation, PO Box 307 Latrobe, PA 15650-0307 or Fax to 724-537-2057

Greater Latrobe Parks & Recreation | 901 Jefferson Street | Latrobe | www.latroberecreation.org | 724-537-4331

Co-Signature (by parent or guardian if under 18)