

5th ANNUAL ULSTERCORPS SERVICE SPRINT



**SATURDAY
NOVEMBER 1, 2014
11AM** RAINDATE NOV 2ND
AT WILLIAMS LAKE
ROSENDALE, NY

Last Name _____ First _____

Address _____

City _____ State _____ Zip _____

e-mail _____ Sex M _____ F _____

Phone (____) _____

5K Race & Zombie Escape ☐ 1K Kids Fun Run (FREE!) ☐ 1K Fitness Walk/Hike ☐

Birthdate ____ | ____ | ____ Race Day Age _____

Pre-Registration by 10/15 (with t-shirt): \$20 _____

Pre-Registration 10/15-10/30 (no t-shirt): \$20 _____

Registration after 10/30 (no t-shirt): \$25 _____

Team Price Per Person by 10/15 (no t-shirt): \$15 _____

Minimum 3 members per team. Each team member must fill out an individual registration form.

I would also like to make a donation of _____ to help volunteerism thrive in Ulster County.

Shirt size xs _____ sm _____ med _____ lg _____ xl _____

A limited number of t-shirts will be available for purchase the day of the event.

Please make checks payable to UlsterCorps and mail to: PO Box 34 . Stone Ridge, NY 12484

In consideration of the acceptance of this entry, I waive all claims for myself, my heirs and assigns against the sponsors, cooperating and coordinating groups and any individuals associated with the event and will hold them harmless for any and all injuries which may result from my participation. I further state that I am in proper physical condition to participate in this race. I also hereby give my permission to the media to use my name and/or picture in any newspaper, broadcast, telecast or any other account of this event without limitation and without any obligation of anyone to compensate me further. Please note there is no swimming in Williams Lake.

Signature: _____

Date: _____

Parent's Signature (if under 18) _____

**ALL PROCEEDS BENEFIT ULSTERCORPS,
WHOSE MISSION IS TO INCREASE
VOLUNTEERISM IN ULSTER COUNTY.**

www.ulstercorps.org