

## HARVEST MOON 5K & 8K & DANCING ON DEPOT FRIDAY, SEPTEMBER 13, 2019 MORE INFO: WWW.MILESINMARTINSVILLE.COM

When: Friday, September 13 2019, 7:00 p.m.

Where: Starts next to the Gazebo along the Uptown Connection Trail on Depot St.

**Registration:** \$35 (8k)/ \$25 (5K) before August 27th (with a t-shirt guarantee by the 20th); \$40(8k)/ \$30(5k) August 28th - September 12 (no t-shirt guarantee); \$45 (8k)/ \$35 (5k) race day registration.

Includes: Race swag, on-course aid-station, post-race food, & a free drink ticket for the Micro-Brew Beer Garden!

Awards: Overall Male/Female Winners and Male/Female Age Groups (5 year increments beginning at 14 & under)

**Packet Pick-up:** Friday, September 13 from noon-4:00 p.m. at the Martinsville YMCA and then at the trail from 5 to 6:45 p.m.

Please complete and return with registration fee to either YMCA

First Name		Last Name	
Address			
Birthdate:	Age as of	Age as of race day	
Phone #	E-mail Address		
Check One:	5K:	8K:	
	T-Shirt Size (No shirt g	guarantee after August 20	Oth)
-	_Adult SAdult MAdult	t LGAdult XL/	Adult XXL
from my participation in Harvest Mo	oon 10K, and do hereby release the F	amily YMCA Inc., all sponse	tors and assigns, all claims of any nature arisin ors, workers, officials and volunteers from any

from my participation in Harvest Moon 10K, and do hereby release the Family YMCA Inc., all sponsors, workers, officials and volunteers from any claim whatsoever arising from my participation in this event. I agree to abide by all rules for participation, and acknowledge that the event committee may refuse my entry at its discretion. I further grant permission for the YMCA to use any photographs, motion pictures or other recording of the event for legitimate purposes. I HAVE NOTED ANY MEDICAL CONDITIONS on the reverse side of this form. I verify that I have full knowledge of the risks involved in this event and I am physically fit and sufficiently trained to participate in the event.

Entry Signature:			Date:
Parent's Signature:			Date:
(required of entrants under 18)			
Emergency Contact:			Phone:
Presented By:	Title Sponsors:	SOVAH Health	FRIEDRICHS FAMILY EYE CENTER Optometry