



3rd Annual

Sullivan County High Knob Trail Run

Sponsored by the Sullivan County Recreational Association

Date: Saturday, October 21, 2017

Time: 9:00 AM

Location: High Knob in Hillsgrove Township, PA 18619

Event: 8.2 mile run and 5 mile fun walk

Description: The race will start and finish at the High Knob overlook parking lot. The race will encompass parts of the Loyalsock trail, bridle trails and pavement. There are some steep hills on the course making it very challenging. Race markers will be placed along the trail, and there will be two water stations on the course.

Trophy awarded to the overall 1st place finisher in run. Medals will be awarded for top finisher in each age division male and female 13 under, 14-19, 20-29, 30-39, 40-49, 50-59 and over 60.

Registration: \$20.00 to Pre-Register; \$25.00 day of the race
First 75 registered get a T-shirt.

Pre-registration can be mailed to:
SCRA Box 307 Laporte, PA 18626

Make checks payable to the Sullivan County Recreation Association (SCRA)

Registration will also be available on race day from 8:00-8:30 AM.

Contact: Sue Mullen at jsmullen@epix.net

Brandy Walker at brandybrion@hotmail.com or (570) 924-4028

*Sullivan County High Knob Trail Run * Saturday, October 21, 2017*

By signing this entry form I, for myself, my heirs, lawyers, executors and administrators waive and release any and all rights and claims for personal damages I may have against the S.C.R.A. (sponsors of this race), Hillsgrove Township, DCNR and the State of Pennsylvania. I hereby certify that I am physically fit and have trained for this event. If I decide not to participate after checking in and picking up my race badge and registration packet, I will let someone at the registration desk know, so that all participants can be accurately accounted for.

Please fill out and return to: SCRA Box 307 Laporte, PA 18626

Please print clearly with full address. Thank You.

Shirt Size: Small Medium Large Extra Large (circle one)

Name _____

Address _____

City State _____

Zip _____

Phone# _____ Age: _____ Sex: M or F

Emergency Contact Name and Phone # _____

Signature _____ Date _____

Guardian Signature (if under 18) _____

Posted at NEPARunner.com 7/12/17, revised form