

The 33rd Annual Dr. William Perkins Memorial Events

Contact Info
perkinsrun.com
facebook.com/perkinsrun
honesdalexc@gmail.com

Saturday, July 21, 2018 Wayne County Fairgrounds

Sponsored by
Wayne Memorial Health System, Inc.
Honesdale Cross Country
Wayne County Commissioners

Wayne County 5K
Challenge participants are
pre-registered through the
Challenge.

5K Wayne Memorial Health System Fitness Walk
8:30 a.m.
We welcome walkers of all ages.
Competitive Walkers only will be timed.
Competitive Walkers are not permitted to walk/run.

Awards: First Overall Male & Female

Quarter Mile Fun Run
9:45 a.m.
On the Fairgrounds Track.
Gift to finishers age 10 and under.

5K Run 8:30 a.m.

Male and Female Age Groups

0-10	40-44
11-15	45-49
16-19	50-59
20-29	60-69
30-34	70+
35-39	

Awards: Overall Male & Female

1st, 2nd, 3rd Place Male & Female in each age group.

Stroller Division - First overall Male & Female. The same person must push stroller the entire course in order to compete in this division.

1st Overall Male and Female Wayne Memorial Health System Employees Receive Trophy.

No Award Duplications

One Mile Run
9:30 a.m.
Two laps around track

Separate Runs for Men and Women (if needed)

Individual Awards

Male and Female

0-6	30-39
7-9	40-49
10-13	50-59
14-18	60-69
19-29	70+

1st Place Overall Male and Female Receive Award.
1st Place Male & Female in each Age Group Receive Award.

Return this section with Entry Fee by July 13, 2018 (PLEASE PRINT) Adult **Shirt Size: XS S M L XLG (Circle One)**

Make checks payable to: **Honesdale Cross Country**
Tammy Jensen, 315 Elizabeth St. Hawley, PA 18428
570-352-6100 email: honesdalexc@gmail.com

Please check events you wish to enter below:

- _____ 5K Stroller Division \$20 (Post Entry \$25)
- _____ 5K Run (3.1 miles) \$20; (Post entry \$25)
- _____ One Mile \$10; (Post entry \$15)
- _____ Quarter Mile (Free)
- _____ 5K Fitness Walk \$10 (Post entry \$15)

Family Discount: Each member must use a separate form for a family member entered after the first three (3),
Pre-entry -- \$5 each additional family member
Post-entry -- \$8 each additional family member

Name _____ Sex _____ Age (as of 7/21/18) _____
Address _____ Phone _____
City _____ State _____ Zip _____

In consideration of the acceptance of my entry, I, intending to be legally bound, do hereby waive, release and discharge any and all claims which I may have or which may hereafter accrue against any and all sponsors while participating or while traveling to and from the event.

Signature _____ (Signature of parent if runner is under 18)

Check if Wayne Memorial Hospital Employee _____