

# LET THERE

# 5K BE LIGHT

**Saturday  
June 13th, 2009**



Registration begins at 7:15a.m. at Municipal Stadium  
(274 East Memorial Blvd. Hagerstown, MD 21740)

**5K Race starts at 8:30a.m.**

Brought to you by:  
Hagerstown Fairgrounds Softball Association  
& The Hagerstown Suns

All proceeds will go towards installing  
stadium lights to the Softball Complex at Fairgrounds Park.

*Course:* 5k Race runs through the City of Hagerstown.

*Awards:* 1st Place-\$100, 2nd Place-\$75, 3rd Place-\$50, cash prizes for both men's and women's overall finishers. Top 2 finishers of each age group will receive medals.

*T-Shirts:* All pre-registered participants are guaranteed a short-sleeve t-shirt.

*Tickets:* All registered runners will receive a general admission ticket to the Suns VS Delmarva that night. 7:05pm Game time.

*Cost:* \$20 before 5-31-09; \$25 after 5-31-09

*Questions/Contact:* Mike Shifler 301-714-1121 email: mshifler@foxassociatesinc.com

*Please make Checks payable to: HAGERSTOWN FAIRGROUNDS SOFTBALL ASSOCIATION*



**RELEASE & CONSENT FORM:** In consideration of the acceptance of my entry/my child's entry, I for myself or my child our executors, administrators, and assignees...do hereby release and discharge the organizers of this race and all other sponsors and organizers of all claims and damages, actions, whatsoever in any manner arising out of my/my child's participation in said athletic event. I attest and verify that I have full knowledge of the risks involved in this event and I am. my child is physically fit and sufficiently trained to participate in this event. Further, I hereby grant full permission to any all of the foregoing use to use my/my child's name, photographs, videotapes, motion pictures, recordings or any other record of this event for any legitimate purpose without compensation or remunerations.

Athlete Signature: \_\_\_\_\_  
(Parent/guardian signature if runner is under 18yrs of age)

Name: \_\_\_\_\_ Age on Race Day: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Email Address: \_\_\_\_\_ Gender: M F

T-Shirt Size: S M L XL

Circle Age Group: 15&under 16-19 20-29 30-39 40-49 50-59 60-69 70 & older

**RETURN THE BOTTOM OF THIS  
FORM WITH PAYMENT**

Please mail registration to:  
Michael H. Shifler  
19139 Swinging Bridge Rd  
Boonsboro, MD 21713

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FORM WITH PAYMENT**