



Saturday, September 29, 2007

5K ROAD RACE

1-MILE FUN RUN

2-MILE HEALTH WALK

PROCEEDS BENEFIT THE
DOYLESTOWN TOWNSHIP PARK SYSTEM

GENERAL INFORMATION:

- Course:** Begins and ends in Central Park
- Time:** Registration: 7:45 am (Central Park Pavilion-Enter from Wells Rd.)
 - Race Start: 9:00 am (Central Park Pavilion)
 - Awards: 10:15 am (at the Central Park Pavilion)
- Payment:** Make checks payable to "Doylestown Township - 5K Run"
Mail entries to Doylestown Township, 425 Wells Road, Doylestown, PA 18901
- Information:** Contact the Township Administrative Office at (215) 348-9915
- Registration:** Pre-registrations must be postmarked by **Friday, September 21st** or late fee will apply

5K ROAD RACE:

- Entries:** **Individual:** Pre-Registration - \$18 ▪ Late or Day of Race Registration-\$20
Team: (3 runners): Pre-Registration - \$45 ▪ Late or Day of Race Registration - \$60
- Awards:** Top male and female finishers. Top three male, female and co-ed team finishers. Top three male & female finishers in the following age groups: 19 & under; 20-24; 25-29; 30-34; 35-39; 40-44; 45-49; 50-54; 55-59; 60-64; 65-69 & 70 +.
- T-shirts:** Given to all pre-registrants; available to day-of registrants while supply lasts.

2-MILE HEALTH WALK & 1-MILE FUN RUN:

- Entries:** Registration - \$5 (w/o T-shirt), \$15 (w/ T-shirt - pre registration only). The Fun Run will begin immediately following the 5K Race.
All participants receive a participation certificate.

Return to : **Oktoberfest 2007-5K Road Race, Doylestown Township Building, 425 Wells Road, Doylestown, PA 18901**

Oktoberfest 5K Race

Course Records

Individual Male

*Art Di Cola 15:37
(2006)*

Individual Female

*Laura Finelli 18:58
(2006)*

Male 3 Member Team

DTPD 56:48 (2004)

Todd Wiley 16:03

Trevor Wiley 20:08

Mike Ezdon 20:46

Female 3 Member Team

*Lipstick Chicks 60:53
(2004)*

Nancy Smith 19:52

*Molly Bailey Goga
20:29*

Gina Buggy 20:32

Mixed Male/Female 3 Member Team

(2005)58:27

Davis Noa 18:35

Tm Rudan 18:58

*Molly Bailey Goga
20:54*

Registration Form

Name: _____ DOB (required): ___/___/___ Male Female

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Race Entering: 5K Road Race 2-Mile Health Walk 1-Mile Fun Run/Walk

Team Entry: 5K Team/Team Name _____

T-shirt: Pre-Registered (incl. shirt) Pre-Registered (no shirt) Day of Registrant

In consideration of this application, I attest and verify that I am physically fit and have trained sufficiently for this event and agree to abide by any decisions of a race official relative to my ability to safely complete the run. I assume all risk associated with running in this event including - but not limited to - falls, contact with other participants, the effects of weather, traffic and conditions of the road. All such risk being known and appreciated by me having read this waiver and knowing these facts and in consideration of accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the Township of Doylestown, its employees and authorized representatives and successors from all claims or liabilities of any kind arising out of my participation in this event. I hereby grant full permission to use any photographs, video tapes or other recordings of this event for any legitimate purpose.

Signature: _____ Date: _____

(Parent or Legal Guardian if under 18)