



**KNIGHTS
OF COLUMBUS**
IN SERVICE TO ONE. IN SERVICE TO ALL.



Kris Kringle 5k

5k Race & Fun Walk

When: Saturday, December 10, 2016 **Start Time:** 9:00 AM (Walkers 8:45)
Where: Matamoras Airport Park, Matamoras, PA
Hosted by: Knights of Columbus Council #13935
Registration: \$20.00 if postmarked on or before November 26, 2016
(\$25.00 Race Day at Matamoras Airport Park from 7:30 to 8:45)
Awards: Top 2 overall male & female runners, plus top 3 male & female in the following age categories:
13 & under, 14-19, 20-29, 30-39, 40-49, 50-59, 60-69, 70+
The course: The 5k run/walk will be around the Borough of Matamoras

Make your check payable to: Knights of Columbus Council 13935
Mail form & check to K of C Kris Kringle 5k, 123 Buckeye Lane, Milford, PA 18337

All profits go toward the K of C's Charitable Work in the Tri-State Area

Yes...Enter me in the event!

I'd like to ___ **Run** ___ **Walk**

Name _____ **Age on race day** _____

Address _____ **Gender** _____

City _____ **State** _____ **Zip** _____

Phone _____ **Email** _____

Shirt Size (Adult Size—Circle one) **Small** **Medium** **Large** **XL**
(The first 100 pre-registrants will receive a long sleeve t-shirt)

In consideration of the use of the premises and facilities of the Borough of Matamoras, Matamoras Recreation and in consideration of being able to participate in the Annual Kris Kringle 5k, on behalf of myself, my heirs, executors, administrators, successors, or assigns, I hereby release and forever discharge Borough of Matamoras, Matamoras Recreation and the Knights of Columbus—Council 13935, and their agents, servants, and employees of and from any and all manner of actions, cause of action, suits, damages, claims, and demands on account of personal injury, including death, or any other cause whatsoever, which I may have against them by reason of or arising out of my participation in the above listed activity. I understand and accept the risks involved in this activity.

I certify I am physically fit to compete in this event.

Signature of Participant/Guardian if under 18 _____ **Date** _____