

16th ANNUAL!

Goblin Gallop 5 K

SATURDAY, OCTOBER 31st, 2009- - 9:00 a.m.

ABRAHAM WING SCHOOL

REGISTRATION: 7:45-8:45 A.M. Race Day at Abraham Wing School, Lawrence Street, Glens Falls, NY



ENTRY FEES: \$15.00 - Registration Fee (Adirondack Runners \$13.00 Pre Reg. **Only**)

T-SHIRTS: Custom, High Quality, **Long Sleeve T-shirts** (First 150 Entrants)
INFORMATION: Phone: Ann Herring (518) 744-2312. www.Active.com
E-mail: herring9524@aol.com

TO BENEFIT: Juvenile Diabetes & The Adirondack Runners Scholarship Fund

AWARDS: Overall 1st-3rd Male & Female, Overall 1st – 3rd & Wheelchair,
Overall 1st-3rd Male & Female Walkers

AGE GROUPS: Male & Female as follows: 11 & under, 12-15, 16-19, 20-29, 30-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70+

HALLOWEEN

HOP!!! FUN RUN

Entry Fee \$3

Immediately following the 5K (est. 10:00 a.m.)

Halloween treats to All Finishers (no shirts)

Pre-Registration Encouraged!
(use entry form below)

Goblin Gallop 2009

LAST NAME										FIRST										MIDDLE INITIAL					SHIRT SIZE					
ADDRESS										PHONE					ZIP/POSTAL CODE															
CITY										STATE/PROVINCE					ZIP/POSTAL CODE															
Date of Birth										Fun Run					Walker					Wheelchair					AGE(Race Day)			SEX(M/F)		

In consideration of the opportunity to participate in this race I hereby remiss release and forever discharge the sponsoring agents their members & any other persons staffing this race in any claims & demands as a result of participating in this event. I also certify that I am in good physical shape. Further, I here by grant full permission to any and all the foregoing to use any photographs, video tapes, motion pictures, recordings, or any other record of this event for any legitimate purposes. I realize there are dangers associated with distance running. I hereby for myself, heirs, executors, or assigns waive & release any and all claims I may have against Road Runners, the above listed sponsors, City of Glens Falls, Adirondack Runners, its officers and any race official for any injury, illness or property loss which might occur to me while competing in, traveling to, or returning from the events on October 27, 2007.

SIGNATURE _____ DATE _____

SIGNATURE OF PARENT (if under 18) _____

Official Use Area

Date Rec. _____

Race # _____

Make Checks Payable To: ADIRONDACK RUNNERS
Mail Entries To:
Adirondack Runners/ Goblin Gallop,
122 Glen Ave., Scotia, NY 12302

ENTRY	\$ _____
ADDITIONAL DONATION	\$ _____
AMOUNT ENCLOSED	\$ _____