SPONSORED BY: THE SALEM X-TRA MILE CLUB, INC. TO BENEFIT THE SALEM HIGH SCHOOL CROSS COUNTRY AND TRACK PROGRAMS

(The Salem X-Tra Mile Club, Inc., is not responsible for any lost or stolen items.)

TIME: REGISTRATION AT 7:00 P.M. AT REILLY STADIUM.

REGISTRATION WILL CLOSE AT 8:45 P.M. DAY OF RACE. RACE STARTS AT 9:00 PM

LOCATION: RACE STARTS AND FINISHES AT REILLY STADIUM - PERSHING STREET, SALEM, OHIO.

NON-REFUNDABLE \$17.00 IF RECEIVED BY JULY 26th* - • TEAM REGISTRATION must be in by this date.

ENTRY FEE: \$17.00 ONLINE REGISTRATION at www.gopherarun.com

Online Registration Ends On 7/30/14. Please bring online receipt with you for confirmation.

\$20.00 NIGHT OF RACE.

*T-SHIRT GUARANTEED TO ALL PARTICIPANTS PREREGISTERED BY JULY 20

72 AWARDS: 5K RUN - TOP THREE MALE; TOP THREE FEMALE; AND FIRST THREE PLACES IN EACH AGE GROUP.

NO DUPLICATION OF AWARDS

AGE GROUPS: MALE & FEMALE - 10 & UNDER; 11-14 15-19; 20-24; 25-29; 30-34; 35-39; 40-44; 45-49; 50-54; 55-59; 60 & OVER

MAKE CHECKS PAYABLE TO: THE SALEM X-TRA MILE CLUB. INC.

ENTRIES SHOULD BE MAILED TO:

P. O. Box 122 Salem, OH 44460

FOR ADDITIONAL INFO CALL: John McClish - (330) 853-5299

John Scheets - (234) 567-1272

OR E-MAIL: info@startrax5k.com Ted Marroulis - (330) 277-9313
WEBSITE: www.startrax5k.com Ted Yuhaniak - (330) 332-0550

For Team Scoring & Awards See back of this form for details. Certification

#OH07001PR

Chip Timing, Scoring & Online Registration
Provided By: Gopherarun.com

POST RACE PARTY AND AWARDS FOLLOWING THE FINISH AT REILLY STADIUM

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\ \	RoadID
\blacksquare	It's Who I Am.

2014 STAR TRAX 5K NIGHT RUN REGISTRATION FORM

NAME / TEAM	MALE: FEMALE:			(Check One)			
ADDRESS:	AGE DAY OF RA	CE:					
CITY, STATE, ZIP:	T-SHIRT SIZE (Ci	rcle One):	s	M	L	XL	XXL
PHONE:	DID YOU RACE L	AST YEAR?	? YI	ES I	NO	(Please	circle)
EMAIL:	TEAM NAME:						
RELEASE: I know that running a road race is a potentially hazardous activity. I should not enter and run unless a race official relative to my ability to safely complete the run. I assume all risks associated with running in this effects of weather, traffic, and condition of the road, all such risks being known and appreciated by me. I am a prepared to administer first aid assistance. I hereby grant permission to the sponsors of the Star Trax 5K to use Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for mysel discharge all sponsors, service organizations, municipalities, and volunteers, their representatives and success	s event including, but no ware that the medical su any photograph or any f and anyone entitled to	properly traine t limited to: fall upport for this e other record of act on my beha	ed. I ag Is, cont event m this ev alf, do	gree to al tact with nay be verent for a hereby r	bide l othe olunt any le eleas	by any de er particip eers whice egitimate se, indem	ecision o pants, the ch will be purpose nnify, and
SIGNATURE:	DATE:						
SIGNATURE OF PARENT OR GUARDIAN (if under age 18):							
	DATE:						