

MEALS ON WHEELS CANDLE LIGHT 5K

WHEN: Saturday, May 19, 2012 – Rain or shine!

EVENT: 5K Run or Walk – All proceeds benefit Meals on Wheels in Greenwood & Abbeville Counties.

START TIME: Registration begins at 6:00 pm. Race starts at 7:30 pm. Meal immediately upon finish

LOCATION: Race will start at West Cambridge Park

RACE HEADQUARTERS: Check In & registration at West Cambridge Park, 451 Grove Street, Greenwood

PARKING: West Cambridge Park parking lot and other available areas.

REFRESHMENTS: Meal following race. (\$5 for non-runners or walkers, included in entry for walkers & runners). Water available at course turn-around and pre/post-race snacks available.

COURSE: Gravel and asphalt trail.

ENTRY FEES: *(make checks payable to Piedmont Agency on Aging)*

5K (Run or Walk)- \$20 prior to May 7, 2012 , \$25.00 after May 7, 2012.

Children under 10 \$15

Note - All fees are non-refundable.

DEADLINE: T-shirts guaranteed to entries received by May 1, 2011

AWARDS: Top male & female Open and Masters

AGE GROUPS: 1st place given to: Under 9, 10-14, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70 & up.

ALL PROCEEDS BENEFIT MEALS ON WHEELS

Complete application form (below)
and mail to:

Meals on Wheels 5K
Piedmont Agency on Aging
P.O. Box 997
Greenwood, SC 29648

Or fax to:
(864)223-6530 Attn: Tracey

You may also register online at
www.active.com

Name: _____

Address: _____

City, State, Zip: _____

Email: _____

Birthdate: _____

Additional meals requested: _____ Amount paid: _____

You can also register at www.active.com

Check us out at: www.piedmontaoa.com

ATHLETE'S RELEASE:

Knowingly, and at my own risk, I do hereby waive release of any sponsors, directors, volunteers or officials for any and all claims of injury or damage resulting from participation in this event. I further hereby certify that I have full knowledge of the risk involved in this event and am in proper condition to participate. If medical attention is required, I hereby give consent to authorize medical personnel to provide such medical care as deemed necessary.

Athlete's Signature

(Parent or Guardian if under 18)