



Three Races ~ Three Causes ~
ONE CHAMPION

**Glove Cities Rotary
"Run For The Roses" 5K
May 2, 2015**

**Mountain Valley
Hospice 5K
May 17, 2015**

**Lexington 5K
June 6, 2015**

For More Information Visit our Facebook Page:

<https://www.facebook.com/5ktriplecrown>

All 3 Races for only \$50! (If registered by April 17. Individual races \$20 each)

Register Online At: www.Racewire.com

OR fill out and mail/fax application on back

1st Prize \$100

2nd Prize \$75

3rd Prize \$50

CASH PRIZES will be awarded to Triple Crown winners (Male/Female)
in the following age groups: 20-39; 40-59; 60+

MEDALS will also be awarded in the following age categories:
15 and under; 16-19; 20-29; 30-39; 40-49; 50-59; 60-69; 70+

ALL TRIPLE CROWN ENTRIES are automatically entered to win great PRIZES, including: Gift Certificates ~ Runner's Gear ~ Day Trips ~ Activities and More!

Free shirt and goody bag to all registered before April 17th

(To be eligible for the Triple Crown, all entries must be received by 5 p.m. April 30, 2015)

MAY 2: 7:30 a.m. registration / 9 a.m. run, starting from Partner's Pub, 21 S. William St., Johnstown, NY

MAY 17: 9 a.m. registration / 10 a.m. run, starting from FMCC Campus, 2805 St. Hwy. 67, Johnstown, NY

JUNE 6: 8 a.m. registration / 9 a.m. run, starting from Lexington, 465 N. Perry St., Johnstown, NY

(Single race registration for any of the above races is also available at 5ktriplecrown.racewire.com)

5K Triple Crown is
Sponsored in part by
the Fulton-Montgomery
Regional Chamber
of Commerce

5K Triple Crown 2015 Runner Registration Form

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Registration Fees:

\$50 per participant
(until April 17)

\$60 per participant
(April 18 to April 30)

(Entries must be received by
April 17 to be guaranteed a shirt)

1st Prize \$100 2nd Prize \$75
3rd Prize \$50

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Online Registration: www.5ktriplecrown.racewire.com

Or, Mail form and payment to:

Glove Cities Rotary Club, P.O. Box 964, Gloversville, NY 12078

(Checks payable to Glove Cities Rotary Club)

Or, Fax form to Race Director before 5 p.m. Thursday April 30: (518) 841-7182

For more information, please call Race Coordinator Jessica Smrtic, (518) 770-7584, or email: smrticj@smha.org

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ - _____ Cell Phone: (_____) _____ - _____

Email Address: _____

Age (on May 2, 2015): _____ Male Female Please circle t-shirt size: YM YL S M L XL 2X

Emergency Contact Name: _____ Phone: (_____) _____ - _____

*By signing below, I accept
and understand the terms of the waiver/release*

Signature of Runner: _____

Parent/Guardian if under 18: _____



Waiver/Release: I assume all risks associated with participation in this event including, but not limited to falls, contact with other participants, the effects of weather and the conditions of the road, all such risks being known my me. Having read this waiver and knowing the facts and in consideration of you accepting my entry, I, for myself and anyone else acting on my behalf, waive and release and indemnify the Glove Cities Rotary Club, Partner's Pub, Mountain Valley Hospice, Lexington, Frontier Communications, volunteers and officials, from all claims and liabilities of any kind arising out of my participation in this event and/or related activities of any nature, even though such liability may arise out of negligence or carelessness on the part of any of the persons named in this waiver. I attest to be in proper physical condition to participate in this event. I hereby grant full permission to use my name and my photographs, videotape, or other record of this event for any purpose.