

26th Annual PARTNERS in the Park

5 Kilometer (3.1 miles)



SPONSORED BY



Flying Feet & Studio Cuts & Ricke Bros

WHEN: Sunday, October 17, 2010; 2 P.M. Rain or Shine
WHERE: Rocky Ridge County Park (map on back)
WHO: Teams: Male/Female, Male/Male*, or Female/Female*
AWARDS: 9 Categories with 7 Age Groups & Random Prizes

REFRESHMENTS: After the race

CATEGORIES:

- Married:** Husband and Wife
- Family:** (Male/Female) Guardian/Child; Uncle/Niece; Aunt/Nephew
Sister/Brother; Grandparent/Grandchild
- Brother/Brother:** Male/Male *
- Sister/Sister:** Female/Female *
- Dad/Son:** Male/Male
- Mom/Daughter:** Female/Female
- Partners:** Any Male/Female combination
- Male Partners:** Male/Male*
- Female Partners:** Female/Female*

ENTRY FEE:

- Long Sleeve Wicking Tech T-shirt (retail \$24 ea)
- Postmarked by Oct. 2 - \$40.00 per team with shirts
\$25.00 per team without shirts
- Race day only - \$30.00 per team, no shirts

RACE DAY REGISTRATION: 12:30 – 1:30 pm

ENTRY FEE INCLUDES: Results posted on park website
 (www.yorkcountyparks.org) within 2 weeks

PROCEEDS WILL HELP DEVELOP RUNNING TRAILS IN YORK COUNTY PARKS

CHECKS PAYABLE TO: York County Parks

MAIL ENTRY, ENTRY FEE AND SIGNED WAIVER:

Tammy Klunk
 York County Parks
 400 Mundis Race Road
 York, PA 17406

RACE DIRECTORS:

Tammy Klunk (until 5 pm) 717-840-7227
 Scott & Stephanie Newcomer (after 5 pm) 717-840-0251

AGE GROUPS: (Awards may increase if preregistration amounts warrant it.)

	Married	Family	Partners	Male P.*	Female P.*
36 & Under*	n/a	1 st –2 nd	1 st –2 nd	1 st –2 nd	1 st –2 nd
37–50*	1 st –2 nd	1 st –2 nd	1 st –2 nd	1 st –2 nd	1 st –2 nd
51–65	1 st –3 rd	1 st –3 rd	1 st –3 rd	1 st –2 nd	1 st –2 nd
66–80	1 st –3 rd	1 st –3 rd	1 st –3 rd	1 st –2 nd	1 st –2 nd
81–96	1 st –3 rd	1 st –3 rd	1 st –3 rd	1 st –2 nd	1 st –2 nd
96–110*	1 st –2 nd	1 st –2 nd	1 st –2 nd	1 st –2 nd	1 st –2 nd
111 & over*	1 st	1 st	1 st	1 st	1 st

	Dad/Son	Mom/Daughter	Bro/Bro*	Sis/Sis*
Child under 16	1 st –3 rd	1 st –2 nd	1 st –2 nd	1 st –2 nd
Child 16 & over	1 st –3 rd	1 st –2 nd	1 st –3 rd	1 st –3 rd
(* = New for 2010)			1 st –2 nd	1 st –2 nd

PLEASE PRINT

RACE ENTRY

PLEASE PRINT

CIRCLE CATEGORY: Married Family Partners Male P. Female P. Dad/Son Mom/Daughter Bro/Bro Sis/Sis

Partner #1 Name: _____
 (LAST) (FIRST) (MI)

Address: _____
 Number and Street or Post Office Box

 (City) (State) (Zip) Age as of race day SEX: M F

 (Telephone number) Birth Date: _____ Shirt Size: S M L XL (circle one)

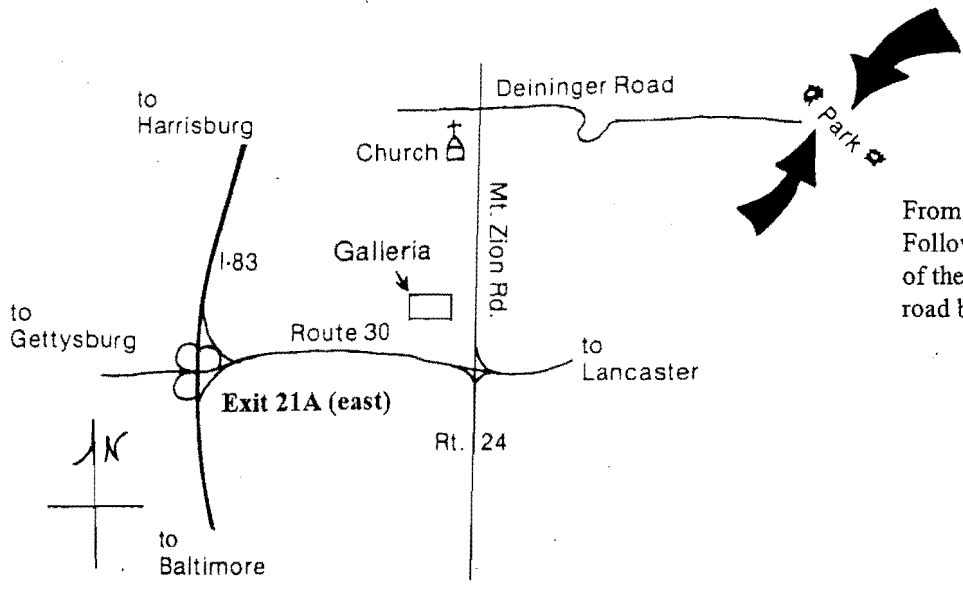
Partner #2 Name: _____
 (LAST) (FIRST) (MI)

Address: _____
 Number and Street or Post Office Box

 (City) (State) (Zip) Age as of race day SEX: M F

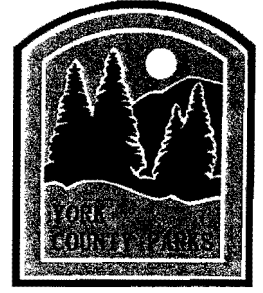
 (Telephone number) Birth Date: _____ Shirt Size: S M L XL (circle one)

PLEASE SIGN WAIVER ON REVERSE SIDE



**DIRECTIONS TO
ROCKY RIDGE
COUNTY PARK**

From Route 30 (bypass), take Mt. Zion Road exit. Follow Route 24 North (Mt. Zion Rd.); at the top of the hill turn right on Deiningering Road and follow road back to park.



IMPORTANT:

The wheel measured course will cover approximately 2 kilometers on park road, 1 kilometer on a running/fitness trail, and the balance on park trails which may be muddy and uneven. Please dress accordingly. The course is rolling.
RACE PACKETS WILL BE HELD FOR ONE WEEK ONLY.

Please READ RELEASE - BOTH SIGNATURES REQUIRED

In consideration of the acceptance of this entry, I waive all claims for myself, my heirs, and assigns against the sponsors, cooperating and coordinating groups and any individuals associated with the event and will hold them harmless for any and all injuries or illness which may result from my participation. I further state that I am in proper physical condition to participate in this race. I am representing my relationship to my race partner honestly as checked. I will honor the decisions of the race directors on entry requirements and results.

I also hereby give my permission to the media to use my name and/or picture in any newspaper, broadcast, telecast, or any other account of this event, without limitation, and without any obligation of anyone to compensate me further therefore.

SIGNATURE	DATE	PARENT'S SIGNATURE (IF UNDER 18)
SIGNATURE	DATE	PARENT'S SIGNATURE (IF UNDER 18)

MAIL TO: Tammy Klunk, York County Parks, 400 Mundis Race Road, York, PA 17406