



Start: Pfizer Campus, 500 Arcola Road, Collegeville, PA 19426
 8:45 a.m. ½ Mile Kid Run
 9:00 a.m. 5K Run & Walk
 Packet pick-up and registration Friday October 7, 2015 3:00 pm - 6:00 pm Pfizer Campus, 500 Arcola Road, Collegeville
 Same day registration and number pick-up at 7:30 am.

Registration Fees: 5K Run and Walk: \$20.00 if postmarked by September 9th. After September 9th - \$25.00.
 Kid Run: \$10.00 if postmarked by September 9th. After September 9th - \$15.00
 Register online www.hemophiliasupport.org/eventcollegeville.html

Race Amenities: Registration includes tech shirts (registrations by September 9, 2016), water station on course, and post-race refreshments, DJ, family activities and much more!

Awards: M & F winners, M & F Master winners, plus top 3 M & F finishers in age groups: 14 & Under, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65 and up. No duplication of awards.

Contact: Fae Z. Ehsan, Development Manager: faee@hemophiliasupport.org or 484-445-4282

**** PRIZE AWARDED IN FOUR COSTUME CATEGORIES ****

SCARIEST – FUNNIEST – MOST CREATIVE—BEST GROUP COSTUME

Detach and return

Make check payable to "EPC-NHF" and note "Trick or Trot 5K" on memo line.

Mail payment and completed registration to: EPC of NHF, Victoria Business Center, 1489 Baltimore Pike, Springfield, PA 19064

PLEASE PRINT CLEARLY

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

5K Shirt Size: XS S M L XL Sex: { } M { } F Phone#: (____) _____
Kid shirts One Size Fits Most

Your Email: _____ Birth Date: ____/____/____ Age on Race Day: _____

Emergency Contact: _____ Phone Number: _____

Running on a team? Please list team name here: _____

Waiver: I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with running including but not limited to: falls, contact with other participants, effects of the weather including high heat and/or humidity, dehydration, traffic, ice and the conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself, and anyone entitled to act on my behalf, waive and release the Eastern Pennsylvania Chapter of the National Hemophilia Foundation, Pfizer, all sponsors, race directors, their agents, servants and volunteers, their representatives and successors from all claims or liabilities of any kind associated with this event. I grant permission to all of the foregoing to use any photographs, pictures, recordings, and any other record of this event for any legitimate purposes.

Signature: _____

