Bring in the New Year with the Penn State Milton S. Hershey Medical Center!

FIRST ANNUAL 2012 RESOLUTION RUN

Saturday, December 31, 2011

All profits benefit Association of Faculty and Friends Lion Share Food Drive

5K Run/Walk and 1/4 Mile Kids Fun Run

CO-SPONSORED BY:

Department of Surgery
Division of Colon & Rectal Surgery

GIANT INSIDE TRACK

Registration Fees & Ordering Information:

5K Pre-registration Fees (until 12/26/11):
- High-school & under: $15
- Adults: $18

Race-day Registration:
- All ages: $22

Kids Hershey Bar Fun Run:
- Children under 10: Free, but a canned food donation is appreciated. *No preregistration for Kids Run.*

Premium:
Resolution Run Running Gloves to the first 150 registrants.

Payment Information:
Make check or money order payable to: **Penn State University - AFF**

Mail registration form and payment by 12/26/11 to:
Marjorie Lebo
608 Hilltop Drive
New Cumberland, PA 17070

Awards:
Inside Track gift cards to Top 3 Male and Female finishers of the 5K run. Awards to Top 2 Male and Female finishers in the following age groups: 15 and under; 16-19; 20-29; 30-39; 40-49; 50-59; 60 and over. ***No duplication of awards.***

PENNSTATE HERSHEY
Milton S. Hershey Medical Center

ENTRY FORM

Details of Events

Date: Saturday, December 31, 2011
5K Start: 2:00 p.m. sharp
Kids Hershey Bar Fun Run Start: 1:45 p.m.

Course Description

Runners and walkers will enjoy an accurate 5K course on the lighted grounds of the Penn State Milton S. Hershey Medical Center. Slightly rolling course. Race starts at the Biomedical Research Building (BMR) entrance. Plenty of parking is available (please refer to the map on the back of this registration form). Post-race refreshments and awards provided. Timing by Applied Race Management Solutions.

Registration and Packet Pick-up

12:30 - 1:45 p.m. in the BMR Lobby

Questions?

Contact Race-Directors: **Michelle Webber** - (717) 531-8939 or *mwebber@hmc.psu.edu*
Marjorie Lebo - (717) 531-5164 or *mlebo@hmc.psu.edu*

One entry form per participant.

PLEASE PRINT CLEARLY. Fill out entire form in blue or black ink.

First Name: _____ **Last Name:** _____

Age on Race Day: _____ **Gender (M or F):** _____

Daytime Phone: _____ **E-mail:** _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Glove Size: ❍ Medium ❍ Large

Liability Release

In consideration of the acceptance of this entry fee, I waive all claims for myself, my heirs, and assigns against the sponsors, cooperating and supporting groups and any individuals supporting this event including the Penn State Milton S. Hershey Medical Center. I hold the above individuals and groups harmless for any and all injuries which may result from my participation. I am in proper physical shape for this event.

Signature of Entrant: _____ **Date:** _____
(or parent or guardian if under 18 years of age)