



(Chip timing by Super Race Systems)

**Sunday, Sept. 15th (Rain or Shine)**

(Please use one form for each runner)

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
Age on 9/15/19 \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Shirt Size,  
5K and Mile Participants only  
(circle one)

Adult: S, M, L, XL, Youth: L

(T-shirts guaranteed to the first 300 entrants. Sizes based on availability)

**Walk-in registration between 8:15am and 9:15am Start/finish: Wampus Brook Park, Bedford Road, Armonk, NY**

### Individual Registration

**9:15 Donut Dash (100yards) ages 2-8**  
Ribbons to all participants (FREE)

**9:25 McIntosh Mile - \$15, Day of Race \$20**  
Medals to top twenty boys and girls

**9:45 5K Run/Walk - \$25, Day of Race \$30**  
Medals to top three in each age group

### Team Registration (5K Only)

In addition to the male and female overall and age group competitions, teams of up to 5 runners can sign up for no additional fee above the normal entry fee. The fastest three runners' times for each team will be totaled and lowest total team time will win special recognition. To compete in the team competition, YOU MUST PRE-REGISTER BY MIDNIGHT SEPTEMBER 13, 2019 and identify your team name below.

TEAM NAME: \_\_\_\_\_

**Total Amount Enclosed \$ \_\_\_\_\_ Make checks payable to The Armonk Chamber of Commerce**

**Mail check and registration to: *The Armonk Chamber of Commerce, PO Box 24, Armonk, NY 10504***

**For more information or on-line registration, visit [armonkchamberofcommerce.com](http://armonkchamberofcommerce.com) or contact Sean Ryan at 914-273-5172**

**All participants must read and sign this waiver:** In consideration of accepting this entry, I, the undersigned, intending to be legally bound, hereby, for myself, my heirs, executors and administrators, waive and release any and all rights and claims of damages I, or any members of my family, may accrue against the Town of North Castle, the Armonk Chamber of Commerce their successors and assigns, from any and all injuries suffered by me or any members of my family in said event. I attest and verify that I and any members of my family will participate in this event as a footrace or walk entrant, that I and any members of my family are physically fit and have sufficiently trained for the completion of this event and I and any members of my family have been cleared by a licensed medical doctor. I hereby grant full permission to any and all of the foregoing to use photographs, recordings, or any other record of this event for any legitimate purpose.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Parent/Guardian if 18 and under)

Many Thanks to our sponsors:

### Gold Level--Breezemont Day Camp

Silver Level --Burke, DeCicco & Sons, Elevated Integration, Fortina, Fred Tripodi, GLR, Hickory & Tweed, Houlihan Lawrence, Kiwi Day Camp, Koku, Lashins Development, Morris Group, Northern Westchester Hospital, Pools of Perfection, White Plains Hospital, and William Raveis.

**Some event sponsorships still available for \$400; email: [president@armonkchamberofcommerce.com](mailto:president@armonkchamberofcommerce.com) if interested**