

# CHRIS & KEVIN TRUSKEY 5K & 10K MEMORIAL RUN

PRESENTED BY

## TAMAQUA RUNNERS CLUB AND ANTHRACITE RUNNING CLUB

**Date:** Saturday, Aug. 23, at 10:00 a.m. (Rain or Shine)  
**Course:** Scenic Tuscarora Mountains. (Tuscarora State Park)  
**Check in:** 8:00-9:30 (Park Area)  
**Entry Fee:** Pre - \$15 Post - \$20 (T-Shirt guaranteed to first 250)  
**Benefit:** Chris & Kevin Truskey Scholarship Fund  
**Registration:** Deadline – Pre Registration Aug. 21, 2014  
**Checks To:** Tamaqua Runners Club  
**Mail To:** Wayne Truskey  
512 Fawn Lane  
Tamaqua PA, 18252



### OVERALL MALE AND FEMALE AWARDS TO TOP 5K AND 10K FINISHERS

5K			10K		
	M	F		M	F
13& UNDER	5	5	40-44	3	2
14-18	5	5	45-49	3	2
19-24	3	2	50-54	3	2
25-29	2	2	55-59	3	2
30-34	3	2	60-69	3	2
35-39	3	2	70 & OVER	2	1

	M	F
13 & UNDER	1	1
14-18	1	1
19-24	3	1
25-29	3	2
30-34	3	2
35-39	3	2
40-44	3	1
45-49	3	1
50-54	3	1
55-59	2	1
60-69	2	1
70 & OVER	1	1

Walkers – Awards presented to 1<sup>st</sup> three places female and 1<sup>st</sup> three places male.  
Questions: Call Wayne or Pat Truskey @ (570)386-2922 or e-mail: [truskey@ptd.net](mailto:truskey@ptd.net)

### COMPLETE AND SIGN

(CUT ALONG LINE)

Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone#( ) \_\_\_\_\_

Team or School \_\_\_\_\_ High School Senior? Yes or No Date \_\_\_\_\_

Event: 5K\_\_\_\_10K\_\_\_\_WALKER\_\_\_\_  
(CHECK ONE)

Sex: M\_\_\_\_F\_\_\_\_  
(CHECK ONE)

T-Shirt Size: XL – L – M - S  
(CIRCLE ONE)

e-mail address \_\_\_\_\_

Please Read & Sign: In consideration of your accepting this entry, I, the undersigned intended to be legally bound for myself, my heirs, executors and administrators, waive and release any and all rights & claims for damages I may have against the Tamaqua Runners Club, the Anthracite Running Club, Road Runners Club of America, their officers & executives, the towns of Tuscarora & Tamaqua, Tuscarora State Park and any and all sponsors & their representatives, successor, and assigns for any and all injuries suffered by me in said event. I attest and verify that I will participate in this event as a foot race entrant. That I am physically fit and have sufficiently trained for the completion of this event and my physical condition has been verified by a licensed medical doctor.

Signature (if under 18, parent's signature) \_\_\_\_\_