

CHRIS & KEVIN TRUSKEY 5K & 10K MEMORIAL RUN

PRESENTED BY

TAMAQUA RUNNERS CLUB AND ANTHRACITE RUNNING CLUB

Date: **Saturday, Aug. 29, at 10:00 a.m. (Rain or Shine)**
10K Run and 5K Walk start at 10:10 a.m.

Course: Scenic Tuscarora Mountains. (Tuscarora State Park)

Check in: 8:00-9:30 (Park Area)

Entry Fee: Pre - \$17 Post - \$20 (T-Shirt guaranteed to first 250)

Benefit: Chris & Kevin Truskey Scholarship Fund

Registration: Deadline – Pre Registration Aug. 27, 2015

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

	MF
13& UNDER	5 5
14-18	5 5
19-24	3 2
25-29	2 2
30-34	3 2
35-39	3 2

	MF
40-44	3 2
45-49	3 2
50-54	3 2
55-59	3 2
60-69	3 2
70 & OVER	2 1

10K

	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

	M	F
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 1st three places female and 1st three places male.
Questions: Call **Wayne or Pat Truskey @ (570)386-2922** or e-mail: 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) _____