

11th SARATOGA WINTERFEST

5K SNOWSHOE RACE

SARATOGA SPA STATE PARK Saratoga Springs, NY

SNOWSHOE WALKERS AND RUNNERS WELCOME!

DATE/TIME FEBRUARY 7, 2010 11:00 AM

START/FINISH SARATOGA SPA PARK, ROUTE 50

REGISTRATION 9:30–10:45 AM, ADMINISTRATION BUILDING

REGISTER ONLINE: GO TO www.saratogastryders.org for link to www.active.com

ENTRY: \$17 (WITH SHIRT) \$20 DAY OF RACE (SHIRT if available) **NO REFUNDS**
 Pre-Register ONLY: \$24 for both Winterfest/Wilton (1 SHIRT both events) **NO REFUNDS**
Fill out both Winterfest and Wilton Camp Saratoga form. NO REFUNDS
 Age 65 and over: FREE (Shirt \$10) Age 12 and under: FREE (Shirt \$10)

FREE LUNCH FOR ATHLETES, VOLUNTEERS and GUEST!

SNOWSHOE SIZE: 120 sq. in. FUNCTIONAL SURFACE AREA (ALL ADULT SHOES OK)

LOANERS: PROVIDED BY DION SNOWSHOES (www.dionsnowshoes.com)
 LIMITED NUMBER Slight rental fee payable day-of. CALL OR EMAIL EARLY TO RESERVE A PAIR.

WEB APPS / INFO: WWW.RUNWMAC.COM WWW.SARATOGASTRYDERS.ORG

INFO: www.empirestatesnowshoe.org

SNOW CONDITIONS: IF NO SNOW, WILL HAVE A TRAIL RACE. **NO REFUNDS.**

DIRECTIONS: INTERSTATE 87 TO EXIT 13N. GO APPROXIMATELY 6 MILES NORTH TO PARK ENTRANCE. UP AVENUE OF PINES. FOLLOW SIGNS TO LITTLE THEATRE LOT.

RESULTS: BOTH: WWW.RUNWMAC.COM WWW.SARATOGASTRYDERS.ORG

BENEFITS: NATURAL HERITAGE TRUST

MORE INFO LAURA CLARK laura@saratogastryders.org JEFF CLARK 518-581-7550

PART OF THE 2010 WMAC's DION SNOWSHOE RACE SERIES

MAIL ENTRY & CHECK MADE OUT TO: LAURA CLARK 91 LOUDEN RD SARATOGA SPRINGS, NY 12866

NAME _____ GENDER____ AGE____ DOB____/____/____

ADDRESS _____ NEED SNOWSHOES?____ TEAM _____

CITY _____ STATE____ ZIP____

PHONE _____ ENTRY \$17 w/SHIRT
 \$20 day of-(shirt if available)
 \$24 for both Winterfest & Wilton (1 shirt)
 Over 65 and Under = 12 Free

“WINTERFEST”

EMAIL _____ CIRCLE SHIRT SIZE S M L XL



In consideration of this entry being accepted, I hereby for my heirs, executors and assigns waive and release any and all claims for Damages I may have against the director, sponsors, their representatives, property owners or assigns for any and all injuries suffered in said event. I also release the people of the State of New York, Executive Department, NYS Office of Parks, Recreation and Historic Preservation, Saratoga/Capital District State Park Region, Saratoga Spa State Park, and its Officers, Agents and Assigns from any and all claims.

SIGNATURE (parent if under 18) _____

DATE _____