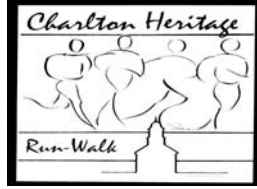


# 12th Annual CHARLTON HERITAGE 5K RUN/WALK SATURDAY, JUNE 6, 2009 AT 10:00 AM



**Chip Timing By ARE**



**The Course:** Set in the historic Village of Charlton, Saratoga County, NY. It includes rolling hills with a 3/4 mile downhill finish. Start and finish at the Old School House on Maple Avenue and Charlton Road. *USATF Cert NY06018JS*

**Start and Finish:** Old School House on Maple Avenue and Charlton Road. (East end of Charlton Village)

**Directions:** Go to our website at [www.Charlton5k.org](http://www.Charlton5k.org)

**Shirts:** For the first 200 runners and Walkers who enter

**Race Packets:** For the first 200 Runners & Walkers who enter.

**Runner Awards:** Top Male and Female Runner, Age groups awards 0-10, 11-14, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70+, to top three. Awards for top three walkers. Three-person Family Team and Open Team

**Entrance fees:** \$16 post marked before May 23, 2009. Make Checks payable to "The Charlton Historical Society. Proceeds go to the CHARLTON HISTORICAL SOCIETY.

Mail Entries: Charlton Heritage 5K  
2093 Maple Avenue  
Charlton, NY 12019

**On-Line Registration: ACTIVE.COM**

**Late Registration:** \$20 after May 23, 2009

**Race day registration:** June 6, 2009 at 8:00 A

**Questions ?** Phone: (518) 384-0065

**Website:** [Charlton5k.org](http://Charlton5k.org)

**E-mail:** [bherk@nycap.rr.com](mailto:bherk@nycap.rr.com)



FPI MECHANICAL INC.

Cardiology Associates  
of Schenectady, P.C.

Doug Long MD

Rick Weise MD

Mark Jordan MD



PRIME PROPERTIES

LISA RICHARDSON BALL  
(518) 640-4260



CHIROPRACTIC



Charlton Suburban Service, Ltd.



C.T. Male



scott-slovenville



Family Medicine

State Farm



Scott Beatty Agency



ODORLESS Sanitary Cleaners



Physical Therapy Associates



Ballston Spa National Bank

Cut on dotted Line and mail the fill-in form only

ENTRY BLANK

CHARLTON HERITAGE 5K RUN/WALK, 1 MILE KIDS RUN - 2008

NAME (Please Print) \_\_\_\_\_ AGE (on 5/31/08) \_\_\_\_\_ CHECK ONE: RUN  WALK  KIDS-RUN

ADDRESS \_\_\_\_\_ GENDER: MALE  FEMALE  EMAIL \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_ SHIRT SIZE S  M  L  XL

In consideration of your 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 for damages I may have against The Charlton Historical Society, The Town of Charlton, any sponsors and their representatives, successors, and assigns for any and all injuries suffered in this said event. I attest and verify that I will participate in the event as a foot race entrant, that I am physically fit and sufficiently trained for the completion of his event and my physical condition has been verified by a licensed medical doctor. I also understand that the use of headphones during the race is prohibited.

TEAM \_\_\_\_\_ OPEN \_\_\_\_\_ FAMILY \_\_\_\_\_

Signature \_\_\_\_\_ Parent's Signature if you are under 18 years old: \_\_\_\_\_

**ENTRY FORM**

