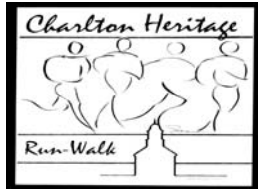


9th Annual CHARLTON HERITAGE 5K RUN/WALK SATURDAY, JUNE 3, 2006 AT 10:00 AM



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.

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

Directions: Take Charlton Road off Rt. 50 north of Burnt Hills or Charlton Road off 147 south of the intersection of Rt. 67.

Shirts: For the first 200 runners and Walkers who enter

Race Packets: For the first 150 Runners & Walkers who enter.

Runner Awards: Top Male and Female Runner, Age groups awards 0-10, 11-14, 15-19, 20-29, 30-39, 40-49, 50-59, 60-69, 70+, to top three. Awards for top three walkers overall. Three-person Family Team and Open Team

Entrance fees: \$16 post marked before May 19, 2006. 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

Late Registration: \$20 after May 19, 2005

Race day registration: June 3rd, 8:00 AM

Questions ? Phone: (518) 384-0065

Website: Charlton5k.org

E-mail: bherk@nycap.rr.com



Kid's 1 Mile Fun Run - Starts 11:30AM, Entry Fee \$10.00
All Entries receive a T-Shirt and Medal



C.T. Male

BURNT HILLS



CHIROPRACTIC



Physical Therapy Associates



Ballston Spa National Bank



Paul J. Gauthier, D.M.D.

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

ENTRY BLANK

CHARLTON HERITAGE 5K RUN/WALK, 1 MILE KIDS RUN - 2006

NAME (Please Print) _____ AGE (on 06/03/06) _____ 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 _____ web

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