



**SATURDAY, MAY 20, 2023**

Race Time: 9:00am  
State Rt. 52 and Maple Ave.  
Jeffersonville, NY 12748

*USATF Certified Course*

Pre-registration by 3/15 : \$20.00  
Registration (after 3/15 ): \$25.00

*Day of race registration and  
race packet pick-up starts at 7am*

**First 150 registered runners  
guaranteed a race shirt.**

## TROPHIES

**Top 3 Overall Female and Male Runner**

**Runners:** 1st, 2nd & 3rd Place  
for each age group

**Walkers:** Overall Male & Female

**Team:** Fastest Male Overall Team  
Fastest Female Overall Team  
Fastest Mixed Overall Team

**Make check payable to: JACC**  
(Jeffersonville Area Chamber of Commerce)

**Mail to:** Jeffersonville's 5K Sap Run  
P.O. BOX 151, Hortonville, NY 12745

Online registration, additional race  
information and race sponsors at:

[www.JeffersonvilleNY.com/5kSapRun](http://www.JeffersonvilleNY.com/5kSapRun)  
[5kSapRun@jeffersonvilleNY.com](mailto:5kSapRun@jeffersonvilleNY.com)

## ENTRY FORM

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Female

Male

Runner

Walker

Age on race day: \_\_\_\_\_

**TEAM**

Team Name: \_\_\_\_\_

Top 3 cumulative times counting. Teams of 5 or more receive a \$2.00 discount for each team participant. Trophy awarded to fastest men's and women's team.

**T-Shirt Size:**

Small  Medium  Large  X-Large

## Liability and Publicity Release

In consideration of you accepting this entry, I, the undersigned, intending to be legally bound here for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against any publications, the Town of Callicoon, the Village of Jeffersonville, the Jeffersonville Area Chamber of Commerce, all sponsors, broadcasting companies and all others named, their representatives, successors and assigns for any and all injuries suffered by me in said events. I attest and verify that I am physically fit and have sufficiently trained for the competition of this race and my physical condition has been verified by a licensed medical doctor.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Athlete

\_\_\_\_\_  
Signature of parent or guardian if athlete is under 18 years of age