Race Date & Start Time: Saturday, April 11, 2020 EASTER WEEKEND! 10:00 AM

Race Start Location:

Tappahannock Elementary School 205 Elementary School Circle Tappahannock, VA 22560

Race Entry Fees:

\$25 Early Registration Postmarked by April 3rd

\$30 Registration after April 3rd

Runners 10 and under are FREE Must be with an adult runner.

Packet Pickups & Registration:

Race day registration and packet pickup will be available from 8:00 AM - 9:30 AM.

Walk-in registration as well as packet pickup for those who early registered will be at:

Ledwith-Lewis Free Clinic 317 Duke Street Tappahannock, VA 22560 Friday, April 10th From 4PM - 6:30PM



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BUNNY HOP 5K RUN/WALK

www.ledwithlewisfreeclinic.com

Awards:

\$100 to Top Male & Female Overall Two Fastest Males & Females Overall Two Fastest Teams Age Group Winners Male & Female Runners Only Age Divisions: Male & Female

11-15 | 16-19 | 20-29 | 30-39 40-49 | 50-59 | 60-69 | 70 & Over

NOTE: Post-Race Award Celebration

Register Online: www.ledwithlewisfreeclinic.com

RACE MANAGEMENT PROVIDED BY



Jaguar Race Timing System

ENTRY FORM - BHH 5K Run / Walk

Please print clearly and use a separate form for each entry - Copies are acceptable.

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Must register by April 11th to guarantee shirt Adult Shirt Size: \(\) S \(\) M \(\) L \(\) XXL DOBAge on race day \(\) Male \(\) Female Name Address City/State/Zip: Phone: Email I have enclosed (please check one) \(\) \$25.00 Early Registration - Postmarked by 4/3/19 \(\) \$30.00 Late Registration or Day of Registration \(\) I am running with a TEAM Name	☐ 5K Run ☐ 5K Walk ☐ Wheel Chair ☐ Stroller						
□ Male □ Female Name							
NameAddress	DOBAge on race day						
Address	☐ Male ☐ Female						
City/State/Zip: Phone: Email I have enclosed (please check one) \$\text{\$\text{\$\text{25.00} Early Registration - Postmarked by 4/3/19}}\$ \$\text{\$\args{\$\text{\$\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\tex{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\}}\ext{\$\text{\$\text{\$\text{\$\}\$\text{\$\	Name						
Phone: Email I have enclosed (please check one) \$\text{\$\text{\$\text{\$\text{\$}}}\$}\$ \$25.00 Early Registration - Postmarked by 4/3/19 \$\text{\$\text{\$\text{\$\text{\$}}}\$}\$ \$30.00 Late Registration or Day of Registration \$\text{\$\text{\$\text{\$\text{\$\text{\$}}}\$} \$1 am running with a TEAM	Address						
Email I have enclosed (please check one) □ \$25.00 Early Registration - Postmarked by 4/3/19 □ \$30.00 Late Registration or Day of Registration □ I am running with a TEAM	City/State/Zip:						
I have enclosed (please check one) □ \$25.00 Early Registration - Postmarked by 4/3/19 □ \$30.00 Late Registration or Day of Registration □ I am running with a TEAM	Phone:						
□ \$25.00 Early Registration - Postmarked by 4/3/19 □ \$30.00 Late Registration or Day of Registration □ I am running with a TEAM	Email						
☐ I am running with a TEAM	,,						
· ·	□ \$30.00 Late Registration or Day of Registration						
Team Name	☐ I am running with a TEAM						
	Team Name						

□Age 10 and under FREE! No shirts for free runners

In consideration of your accepting this entry, I release, for myself, for my heirs, executors, and administrators, all parties involved in the planning or staging of the Bunny Hop for Health Run (including their respective representatives, officials and sponsors) from, and hereby waive, any and all claims, demands, liabilities, damages, or causes of action of any nature whatsoever, including claims of death, injury or illness, arising out of my participation in the Bunny Hop for Health Run. I attest and verify that I am physically fit and have sufficiently trained for this event. Further, I hereby grant full permission to any and all of the foregoing to use my photograph or any other record of the event for any legitimate purpose. This entry is invalid unless signed by entrant. If entrant is under 18 years of age, parent or guardian must sign. The official race director reserves the right to reject any entry.

Signature of Entrant or Parent/Guardian Register Online: www.ledwithlewisfreeclinic.org

Make checks payable and mail to: LLFC - BHH PO Box 2313, Tappahannock, VA 22560