

MONDAY JANUARY 1 12 PM (Snow or Shine)

Registration & Warm-up @ 10:30 AM

Bohemia Ave. (Between 3rd & 4th St.)

NOVA TIMING CHIP SYSTEM TO BE UTILIZED BY RACES2RUN

RACE FEES

\$25 for pre-registration **BEFORE** Dec. 23, 2024

\$30 for registration **AFTER** Dec. 23, 2024

\$15 for Kids 11 & Under

**Pre-Register by Dec. 23 to receive a commemorative medal!*

REGISTER

Register online at WWW.RACES2RUN.COM

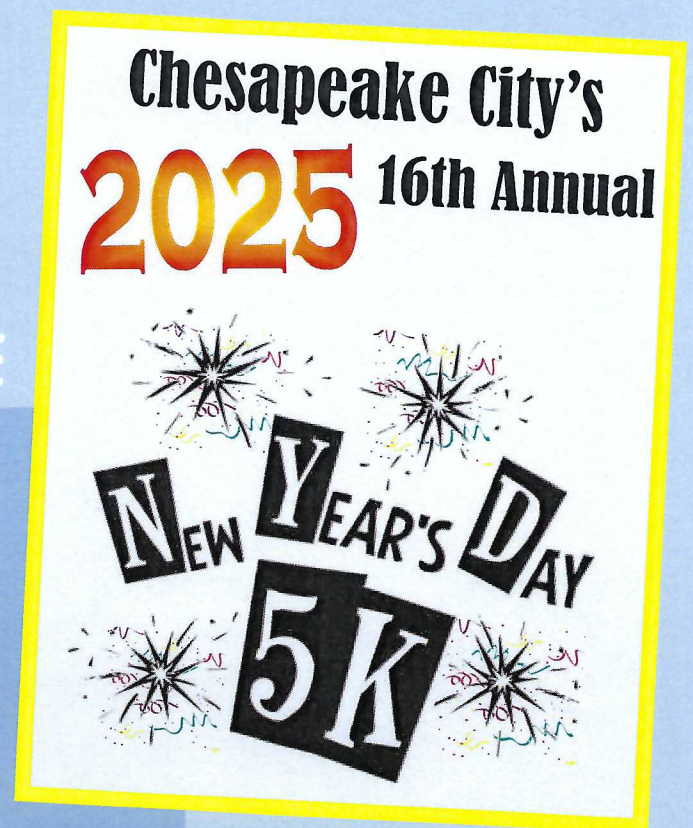
Or in person at **Town Hall of Chesapeake City**

Forms can also be found at www.chesapeakecity-md.gov

Sorry, no strollers, roller blades, dogs, or wearing of headphones

QUESTIONS

Please contact Race Coordinator Frank Vari 410-885-2161



Awards by Class:

Overall Male & Female

Top 3 Walkers Male & Female

Age Groups by Male & Female:

11 & Under, 12-18, 19-29,

30-39, 40-49, 50-59, 60-69,

70 & Over



Like us on Facebook at www.facebook.com/Chesapeake.City.Races

Please bring a non-perishable food item the day of the race to benefit the Chesapeake City Ecumenical Association's Food Pantry



Race Proceeds Benefit Chesapeake City's Recycling Program



16th Annual Chesapeake City New Year's Day 5K Run/Walk Registration Form

(ONLINE REGISTRATION AVAILABLE AT RACES2RUN.COM)

❖ NOVA TIMING CHIP SYSTEMS TO BE UTILIZED BY RACES2RUN ❖

Date: Monday, January 1, 2025 (Snow or Shine)

Time: Warm-up 10:30 AM Start of Race 12:00 PM

Race Location: Bohemia Ave. (Between 3rd & 4th Streets)

Race Parking: Under the Chesapeake City Bridge

Entry Cost: \$25.00 with pre-registration by Dec. 23, 2024
\$30.00 after Dec. 23, 2024
\$15.00 Age 11 & Under

Trophies/Awards by Class:

Overall Male & Female; Age
Groups by Male & Female: 11
& Under, 12-18, 19-29, 30-39,
40-49, 50-59, 60-69, 70 &
Over; Top 3 Walkers Male &
Female

Name: _____

Date of Birth: ____/____/____ **Age:** ____ **Gender:** Male ____ Female ____

I plan to: ____ Run ____ Walk

Name of Affiliation of Team/Club: _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Email (Please Print Clearly): _____

Phone #: _____

Emergency Contact (Name & Phone #): _____

Enclosed is my check for \$_____ payable to Town of Chesapeake City 5K.

In consideration of this entry being accepted, I, intending to be legally bound, hereby for myself, my heirs, executors, administrators, waive and release any and all rights I may have against the organization holding this event, its agents, representatives, successors and assigns for any and all injuries suffered by me at said race.

Unregistered runners, running with dogs, strollers, roller-blades and wearing of headphones are prohibited on the race course in order to ensure runner's safety and to comply with liability insurance standards.

Signature of Applicant: _____
(Parent/Legal Guardian must sign if under 18)

Date: _____

Mail completed form and payment to:

Town of Chesapeake City
108 Bohemia Ave.
Chesapeake City, MD 21915

Contact: Frank Vari, Race Coordinator/Director at 410-885-2161

NO REFUNDS! THE RACE DIRECTOR RESERVES THE RIGHT TO REJECT ANY ENTRY.

Follow us on FACEBOOK at www.facebook.com/chesapeake.city.race

Please bring a non-perishable food item (or monetary donation) to benefit the Chesapeake City Ecumenical Association's Food Pantry.



Pre-register by Dec. 23, 2024 to receive a

Commemorative Medal!