

TWENTY-SECOND ANNUAL
HUDSON CROSS COUNTRY
BOOSTER 5K OPEN

JULY 22, 2017 8:30 AM

ON HUDSON HIGH SCHOOL CROSS COUNTRY COURSE LOCATED BEHIND HUDSON
HIGH SCHOOL, 771 N. MAPLE GROVE AVE., HUDSON, MICHIGAN

AWARDS: FIRST AND SECOND PLACE OVERALL MALE AND FEMALE AND FIRST PLACE MASTERS MALE AND FEMALE PLUS TOP THREE IN EACH AGE GROUP.

AGE GROUPS: 0-10, 11-13, 14-15, 16-17, 18-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70 AND OVER

ENTRY FEE: \$15.00 BY JULY 20, \$20.00 RACE DAY
(INCLUDES TEE SHIRT)

HIGH SCHOOL TEAM DISCOUNT: MINIMUM FIVE MEMBERS OF THE SAME HIGH SCHOOL TRACK OR CROSS COUNTRY TEAM PREREGISTERED TOGETHER ONLY. NO EXCEPTIONS. \$12.00 EACH

IN MEMORY of SARAH PROCHASKA-CARPENTER

INFORMATION: TRINA ROMANOWSKI 517-448-8275
RON CARPENTER 517-286-6931

PROCEEDS TO BENEFIT HUDSON CROSS COUNTRY PROGRAM

MAKE CHECK PAYABLE TO: HUDSON HIGH SCHOOL CC

MAIL TO: HUDSON BOOSTER 5K
8045 MUNSON HWY
HUDSON, MI 49247

SPONSORS

RUNNING WITH E'S
146 N. MAIN ST.
ADRIAN, MI

THE PRO SHOP
309 W. MAIN ST.
HUDSON, MI

Course records

Men: 15:26, Nick Raymond, 2012 High School Booster. (race record, 15:42 Joshua Perrin, 2007)

Women: Kaylin Russeau, 18:14.99, 2014

please cut here

NAME: _____ AGE ON RACE DAY: _____

ADDRESS: _____

SHIRT SIZE: S M L XL

SEX: M F

(CIRCLE ONE)

(CIRCLE ONE)

CITY: _____ STATE: _____ ZIP _____

PHONE: _____ TOTAL PAID: _____

BIB NO. _____

OFFICIAL USE ONLY

E-MAIL ADDRESS _____

I believe I am physically fit for this event. In consideration of your accepting this entry form, I intending to be legally bound, hereby for myself, my heirs, personal representatives and administrators waive and release all rights and claims for damages I may have against the Hudson Athletic Boosters, Hudson Area Schools, The City of Hudson, sponsors of this event, it's agents, representatives, successors and assigns for any and all injuries suffered by me at said event, or which may arise out of traveling to , participation in and returning from this event.

ENTRANTS SIGNATURE: _____ DATE: _____

IF UNDER 18 PARENT OR GUARDIAN SIGNATURE: _____