



Go Girls Go!

Come support local future runners – men, women, and children are all welcome!

Join us at our semi-annual 5k and run or walk in support of Go Girls Go!, a local afterschool girls' empowerment and running program. Girls meet twice per week for lessons on a variety of issues including self-esteem, peer relationships, decision-making, nutrition, diversity, emotions, and more! Girls also run during each session and improve their physical fitness, building a lifelong love for physical activity and wellness! Come out and join our participants in celebrating their accomplishments and help us sustain this valuable program in Franklin County! Any gender, age, and running levels are welcome and encouraged!

Saturday, October 27th
8am – Registration Opens
9am – 5k Walk/Run
Southgate Plaza (corner of Washington St. and Rail Trail), Chambersburg



| Age on Race Day | Entry Fee | Race Day Entry Fee |
|-----------------|-----------|--------------------|
| 18 and younger | \$15 | \$20 |
| 19 and older | \$25 | \$30 |

5K Race Start: 9:00 AM (event held Rain or Shine)

T-Shirts: All pre-registrations received by 10/11/18 are guaranteed a short-sleeve t-shirt

Awards will be given following the race – stay for door prizes and refreshments!

Name: _____ Birth Date: _____ Gender: M___or F___
 Address: _____ Email _____
 Phone: _____ Circle T-Shirt Size (received by 10/11 only): Adult: S M L XL XXL Child: S M L

RELEASE & CONSENT FORM: In consideration of the acceptance of my entry/my child's entry, I for myself or my child, our executors, administrators, and assignees. I do hereby release and discharge Healthy Communities Partnership and any other organizers of this race and all other sponsors and organizers of all claims and damages, actions whatsoever in any manner arising out of my/my child's participation in said athletic event. I attest and verify that I have full knowledge of the risks involved in this event and I am/my child is physically fit and sufficiently trained to participate in this event. Further, I hereby grant full permission to any or all of the foregoing to use my/my child's name, photographs, videotapes, motion pictures, recordings or any other record of this event for any legitimate purpose without compensation or remunerations.

Signature: _____ (Parent/guardian must sign for runners under 18 years of age)

Return Forms and Checks to: Healthy Communities Partnership, 232 Lincoln Way East, Chambersburg, PA 17201

Direct any questions to: (717)264-1470 or Christy.hcp@gmail.com

MAKE CHECKS PAYABLE TO: Healthy Communities Partnership

