



26th Annual

Goblin Gallop 5K

Halloween Hop Kids Run



Saturday, October 26th, 2019, 9:00 a.m.

Abraham Wing School, Glens Falls, NY



REGISTRATION: Online at Active.com
Race day 7:45- 8:45 at Abraham Wing School, 120 Lawrence Street, Glens Falls, NY.

ENTRANCE FEES: \$22.00- Pre-Registration (Adirondack runners \$18.00)
\$25.00- Race Day Registration

T-SHIRTS: Souvenir T's first 200 Entrants – sizes not guaranteed

INFORMATION: **Race Directors:** Lee & Linda Pollock (518) 798-4066
Email: leepollock@roadrunner.com
Website: www.adirondackrunners.org

TO BENEFIT: Adirondack Runners and Nepal Village School Project

AWARDS: Over All: 1st-3rd Male & Female

AGE GROUPS: Male & Female as follows: 14 and under, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70+

Halloween Hop: Immediately following the 5k (est. 10:00 am) – 1k (.6 mi.)
(Kids Fun Run) Halloween treat bag to all finishers. (NO shirts)



Special Raffle Prizes for Costumes

Goblin Gallop 2019

LAST NAME										FIRST										SHIRT SIZE SM M LG XL			
ADDRESS										PHONE													
CITY										STATE/PROVINCE										ZIP/POSTAL CODE			
EMAIL																							

Date of Birth	AGE(Race Day)	SEX(M/F)	5k Run	5k Walk	Kids Run*	No online
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

*Kids Run donation suggested \$5.

In consideration of the opportunity to participate in this race I hereby release and forever discharge the sponsoring agents, their members & any other persons staffing this race in any claims, costs & demands as a result of participating in this event. I also certify that I am in good physical shape for the event. Further, I here by grant full permission to any and all the foregoing to use any photographs, video tapes, motion pictures, recordings, or any other record of this event for any legitimate purposes. I realize there are dangers associated with running, including but limited to street conditions, weather and traffic. I hereby for myself, heirs, executors, or assigns waive & release any and all claims I may have against Road Runners, the above listed sponsors, Abraham Wing School District, City of Glens Falls, Adirondack Runners, its officers and any race official for any injury, illness or property loss which might occur to me while competing in, traveling to, or returning from the events on October 26, 2019.

SIGNATURE _____ DATE _____
SIGNATURE OF PARENT (if under 18) _____

ENTRY	\$ _____
ADDITIONAL DONATION	\$ _____
AMOUNT ENCLOSED	\$ _____

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Make Checks Payable To: THE ADIRONDACK RUNNERS

Mail Entries To: Adirondack Runners/Lee Pollock, 40 Willow Road, Queensbury, NY 12804