

# MEALS ON WHEELS CANDLE LIGHT 5K

**WHEN:** Saturday, May 19, 2012 – Rain or shine!

**EVENT:** 5K Run or Walk – All proceeds benefit Meals on Wheels in Greenwood & Abbeville Counties.

**START TIME:** Registration begins at 6:00 pm. Race starts at 7:30 pm. Meal immediately upon finish

**LOCATION:** Race will start at West Cambridge Park

**RACE HEADQUARTERS:** Check In & registration at West Cambridge Park, 451 Grove Street, Greenwood

**PARKING:** West Cambridge Park parking lot and other available areas.

**REFRESHMENTS:** Meal following race. (\$5 for non-runners or walkers, included in entry for walkers & runners). Water available at course turn-around and pre/post-race snacks available.

**COURSE:** Gravel and asphalt trail.

**ENTRY FEES:** *(make checks payable to Piedmont Agency on Aging)*

**5K** (Run or Walk)- \$20 prior to May 7, 2012 , \$25.00 after May 7, 2012.

Children under 10 \$15

*Note - All fees are non-refundable.*

**DEADLINE:** T-shirts guaranteed to entries received by May 1, 2011

**AWARDS:** Top male & female Open and Masters

**AGE GROUPS:** 1<sup>st</sup> place given to: Under 9, 10-14, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70 & up.

**ALL PROCEEDS BENEFIT MEALS ON WHEELS**

Complete application form (below)  
and mail to:

Meals on Wheels 5K  
Piedmont Agency on Aging  
P.O. Box 997  
Greenwood, SC 29648

Or fax to:  
(864)223-6530 Attn: Tracey

You may also register online at  
[www.active.com](http://www.active.com)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Additional meals requested: \_\_\_\_\_ Amount paid: \_\_\_\_\_

You can also register at [www.active.com](http://www.active.com)

Check us out at: [www.piedmontaoa.com](http://www.piedmontaoa.com)

## ATHLETE'S RELEASE:

Knowingly, and at my own risk, I do hereby waive release of any sponsors, directors, volunteers or officials for any and all claims of injury or damage resulting from participation in this event. I further hereby certify that I have full knowledge of the risk involved in this event and am in proper condition to participate. If medical attention is required, I hereby give consent to authorize medical personnel to provide such medical care as deemed necessary.

\_\_\_\_\_  
Athlete's Signature

(Parent or Guardian if under 18)