

SARATOGA WINTERFEST 5K SNOWSHOE RACE

SARATOGA SPA STATE PARK Saratoga Springs, NY
SNOWSHOE WALKERS AND RUNNERS WELCOME!

DATE/TIME FEBRUARY 1, 2009 11:00 AM
START/FINISH SARATOGA SPA PARK, ROUTE 50
REGISTRATION 9:30–10:45 AM, Administration Building
TO REGISTER ONLINE: Go to www.saratogastryders.org for link to www.active.com
ENTRY: \$17 (With SHIRT) \$20 DAY OF RACE (SHIRT if avail.)
Pre-Registered ONLY: \$24 for both Winterfest/Wilton (1 SHIRT for both). Fill out both Winterfest and Wilton Camp Saratoga form.
Pre-Registered ONLY: Age 65 and over: FREE (shirt \$10)
Age 12 & under: FREE (shirt \$10)

FREE LUNCH: For athletes, volunteers and guests

SNOWSHOE SIZE: 120 sq. in. FUNCTIONAL SURFACE AREA (All adult models OK)

LOANERS: Provided by DION SNOWSHOES www.dionsnowshoes.com
Limited number. Call or email early to reserve.

APPLS and INFO: www.runwmac.com/snowshoe and www.saratogastryders.org

INFO: www.empirestatesnowshoe.org

SNOW CONDITIONS: If no snow, may have a trail race. No refunds

DIRECTIONS: TAKE INTERSTATE 87 TO EXIT 13N. GO APPROXIMATELY 6 MILES NORTH TO PARK ENTRANCE. GO UP AVENUE OF PINES. FOLLOW SIGNS TO Little Theatre PARKING LOT.

RESULTS: ON BOTH WEBSITES **BENEFITS:** NATURAL HERITAGE TRUST

MORE INFO: LAURA CLARK laura@saratogastryders.org or JEFF CLARK 518-581-7550

NORTHEAST TWO-DAY SNOWSHOE CHALLENGE: Northfield and Winterfest—see websites

AN EMPIRE STATE GAMES QUALIFIER
PART OF THE 2009 DION SNOWSHOE SERIES

MAIL ENTRY & CHECK MADE OUT TO: LAURA CLARK 91 LOUDEN RD
Winterfest SARATOGA SPRINGS, NY 12866

NAME _____ **GENDER** ___ **AGE** ___ **DOB** ___/___/___

ADDRESS _____ **NEED SNOWSHOES?** _____

CITY _____ **STATE** _____ **ZIP** _____

PHONE _____

EMAIL _____ **CIRCLE SHIRT SIZE:** S MED L XL

In consideration of this entry being accepted, I hereby for my heirs, executors and assigns waive and release any and all claims for Damages I may have against the director, sponsors, their representatives, property owners or assigns for any and all injuries suffered in said event. I also release the people of the State of New York, Executive Department, NYS Office of Parks, Recreation and Historic Preservation, Saratoga/Capital District State Park Region, Saratoga Spa State Park, and its Officers, Agents and Assigns from any and all claims.

SIGNATURE (parent if under 18) _____

DATE _____