



2019 BorgWarner

CORTLAND COUNTY FAMILY YMCA RACE SERIES

22 Tompkins Street, Cortland NY 13045 607-756-2893 www.cortlandymca.org

SAVE now and sign up for all 6 races of the series!

- _____ Spring Run 5K Sunday April 14, 2019 9 AM Reg by 3/29 to receive shirt
- _____ Mother's Day Run 5K Saturday May 11, 2019 9 AM Reg by 4/28 to receive shirt
- _____ Father's Day Run 5k Saturday, June 15, 2019 9 AM Reg by 5/30 to receive shirt
- _____ Rock Around the Block 5K Sunday, August 18, 2019 10 AM Reg by 8/2 to receive shirt
- _____ Chiro 5K Saturday Sept. 21, 2019 6 PM Reg by 9/6 to receive shirt
- _____ Turkey Trot 5K Thursday November 28, 2019 9 AM Reg by 11/6 to receive shirt

<input type="checkbox"/> Adult \$25	RACE DAY Adult \$30 Youth \$25 (13 and under)
<input type="checkbox"/> Youth \$20 (13 and under)	
<input type="checkbox"/> Borg Warner Employee/family member	
Save money! 6 races for the cost of 5!	
<input type="checkbox"/> All 6 Races \$125 Adult (sign up must be by 1 st race, 4/14/19)	
<input type="checkbox"/> All 6 Races \$100 Youth (sign up must be by 1 st race, 4/14/19)	
<input type="checkbox"/> Borg Warner all 6 Races	

Make checks payable to "Cortland YMCA." We also accept cash, MC, Visa, Discover, AMEX

Do you wish to make an extra donation to YMCA? If so, please indicate amount \$ _____

Last Name											First											
Address																					Sex	<input type="checkbox"/> (M or F)
City											State	<input type="text"/>	Zip						Age	<input type="text"/>		
Phone						T Shirt Size	Adult Sizes: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL					DOB	__ / __ / __									
E Mail																						

In consideration of acceptance of this entry, I, the undersigned, intending to be legally bound for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against the Cortland YMCA and other sponsors of this event, their representatives and successors for any/all injuries suffered by me in this event. I attest and verify that I am physically fit and have trained sufficiently for this event and my physical condition has been verified by a licensed medical doctor. Further I hereby grant full permission for the use of any photographs, videotapes, pictures, recording or any other record of this event for legitimate purpose.

Signature: _____ Date: _____

Signature of Parent/Guardian (if under age of 18): _____

Credit Card Info Visa MasterCard Discover Amer _____ Signature _____

Exp ___/___

Name on Card _____

CVC# _____