

In celebration of York Hospital's 100<sup>th</sup> anniversary,  
York Parks and Recreation Department & York Hospital, present ... ..



celebrating the first 100 years!

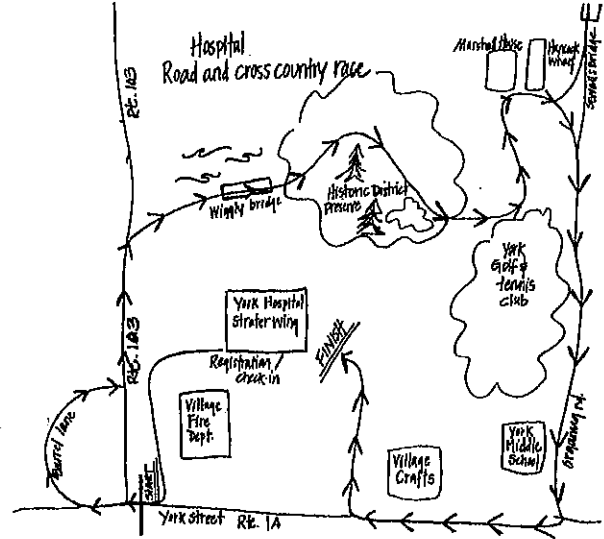
# York Hospital 5K Road and Cross Country Race

**Date:** Saturday, June 3, 2006  
**Time:** 9:30 AM  
**Location:** York Hospital, York, ME  
**Course:** 3 Miles of scenic York Village & York Harbor  
**Entry Fee:** \$10.00 pre-registration/\$12.00 on Race Day

**CHECK-IN & REGISTRATION**  
**Opens 8:00 AM, closes 9:15 AM**  
**T-shirts to the first 100 registrants!**  
**Refreshments after the race.**

**DIRECTIONS TO YORK HOSPITAL**

From I-95 take the York Exit. Bear right at the lights onto Route 1.  
 Travel to the top of the hill and go left at the lights onto Route 1A.  
 Travel 1 mile to the monument in the center of York Village.  
 Across from the monument, turn right up the hill.



Prizes awarded to all Division Winners. Race includes water, mile markers, Professional timing, police and ambulance.

*Proceeds benefit York Hospital*

## York Hospital 5K Road & Cross Country Race

Please Print Clearly

**Road Race Division**

	12 & Under	13 - 17	18 - 29	30 - 39	40 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70 & Over	Hospital Open	Walking
MEN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WOMEN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

T-Shirt Size: S M L XL

Make checks payable to: York Hospital

Mail application to:  
 Fundraising/Staff Care  
 York Hospital  
 15 Hospital Drive  
 York, ME 03909  
 ochayer@yorkhospital.com

For information on applications, call  
 (207) 351-2228 or 351-2385.

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

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

Town: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Sex: \_\_\_\_\_ Age on race day: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Waiver \* Must be signed**  
 In signing this entry, I for myself, my heirs, executors and administrators, release the manager of the race, all sponsors and promoters, the Town of York, for any and all liability in case of death or injury received during participation in this race. In the case of a minor, this entry must be signed by a parent or guardian of entrant.

Signature: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_