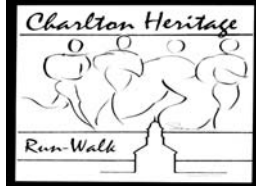


7th Annual CHARLTON HERITAGE 5K RUN/WALK SATURDAY, JUNE 5, 2004 AT 10:00 AM



The Course: Set in the historic Village of Charlton, Saratoga County, NY it includes rolling hills with a 3/4 mile downhill finish. Start and finish at the Old School House on Maple Avenue and Charlton Road.

Start and Finish: Old School House on Maple Avenue and Charlton Road. (East end of Charlton Village)

Directions: Take Charlton Road off Rt. 50 north of Burnt Hills or Charlton Road off 147 south of the intersection of Rt. 67.

Singlets: For the first 200 runners and Walkers who enter

Race Packets: For the first 150 Runners & Walkers who enter.

Runner Awards: 0-12, 13-19, 20-29, 30-39, 40-49, 50-59, 60-69, 70+, and top three finishers overall. Awards for top three walkers overall. Two person Family Team and Open Team.

Entrance fees: \$14 post marked before May 21, 2004. Make Checks payable to 'The Charlton Historical Society'. Proceeds go to the CHARLTON HISTORICAL SOCIETY.

Mail Entries: Charlton Heritage 5K
2093 Maple Avenue
Charlton, NY 12019

Late Registration: \$16 after May 21, 2004

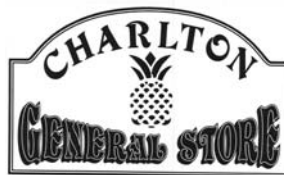
Race day registration: June 5th, 8:00 AM

Questions ? Phone: (518) 384-0065

Website: [townofcharlton.org/charlton historical society/5krun](http://townofcharlton.org/charlton%20historical%20society/5krun)

E-mail: bherk@nycap.rr.com

Kid's 1 Mile Fun Run - Starts 11:00AM, Entry Fee \$8.00
All Entries receive a T-Shirt and Ribbon



Physical Therapy Associates

Ballston Spa National Bank

Cut on dotted Line and mail the fill-in form only

ENTRY BLANK

CHARLTON HERITAGE 5K RUN/WALK, 1 MILE KIDS RUN - 2004

NAME (Please Print) _____ AGE (on 06/05/04) _____ CHECK ONE: RUN WALK KIDS-RUN

ADDRESS _____ GENDER: MALE FEMALE

CITY _____ STATE _____ ZIP _____ PHONE _____ SINGLET SIZE S M L XL

In consideration of your accepting this entry, I, the undersigned, intending to be legally bound, hereby, for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against The Charlton Historical Society, The Town of Charlton, any any sponsors and their representatives, successors, and assigns for any and all injuries suffered in this said event. I attest and verify that I will participate in the event as a foot race entrant, that I am physically fit and sufficiently trained for the completion of his event and my physical condition has been verified by a licensed medical doctor. I also understand that the use of headphones during the race is prohibited.

Signature _____ Parent's Signature if you are under 18 years old: _____