

31st Annual Sap Run

8.5 Mile Run from Swanton to St. Albans

Sunday, April 26, 2009

9am Start time from Swanton Teen Center

Name: _____

Address: _____

Phone: _____ Email: _____ Age: _____

Select Shirt Size:

Shirt:	Adult small	Adult medium	Adult Large	Adult XL	No Shirt
<input checked="" type="checkbox"/> Select					

Registration Fee: Make Checks payable to St. Albans Recreation Department

When:	<input checked="" type="checkbox"/> Indicate	Fee:	Payment type	Received by
Before 4/20		\$25		
After 4/20		\$25		
Race Day		\$30		

Runners registered before 4/20/09 will receive race shirt. Those registered after are not guaranteed shirt

Indicate Category:

Category	Male	Female	12-18	19-29	30-39	40-49	50-59	60-69	70+
<input checked="" type="checkbox"/> Select									

I hereby release the St. Albans Recreation Department, The Maple Festival Council Inc., and all volunteers and sponsors of "The Sap Run" from any liability for injuries or damages sustained by me or my property in connection with this event as a participant or observer. I further attest that I am physically conditioned to safely participate in this event and do so at my own risk. I realize that I will be running on public thoroughfares that are not closed to traffic and that I am fully responsible for my own health, safety and well-being.

Signature of Participant or Parent/Guardian if under 18

Date

Make Checks payable to St. Albans Recreation ~ Mail or deliver to:
St. Albans Recreation Department at City Hall P.O. Box 867 St. Albans, VT 05478
802-524-1500 X266, 802-309-1810, k.viens@stalbansvt.com