



# 32<sup>nd</sup> Annual Sap Run

8.5 Mile Run from Swanton To St. Albans

Sunday, May 2<sup>nd</sup> 2010

9am start time from Swanton Teen Center

Name: \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_

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

Phone: \_\_\_\_\_ email: \_\_\_\_\_

Shirt:	Small	Medium	Large	XL	No Shirt
✓ Select					

When:	✓	Fee:	Check #	Cash	Rec'd by
Before 4/20/10		\$25			
After 4/20/10		\$25			
Race Day		\$30			

Make checks payable to:  
St. Albans Recreation Department

Runners registered before 4/20/10 will receive racewear. Those registered after are not guaranteed.

Indicate Category (gender & age)

	✓	12-18	19-29	30-39	40-49	50-59	60-69	70+
Male								
Female								

I hereby release the St. Albans Recreation Department, The City of St. Albans, 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 Department ~ Mail or deliver to St. Albans Recreation Department at City  
Hall 100 North Main St. P.O. Box 867 St. Albans, VT 05478  
802-524-1500 X266, 802-309-1810, or [k.viens@stalbansvt.com](mailto:k.viens@stalbansvt.com)