** 33rd ANNUAL ST. PETER'S KEYS RACE**

DATE	Saturday, April 20, 2013
TIME	10 K - 9:00 AM Children's 1 mile FUN RUN - 10:30 AM 5K - 11:00 AM
LOCATION	Saratoga Spa State Park, Columbia Pavilion Route 9 Saratoga Springs, NY 12866
ENTRY FEE	5K & 10K - $18 per participant for pre-registrants; $23 day of event (one fee covers both races) Family Discount - 50$ per family for pregistrants; $60 day of event (entries MUST be mailed together and include an entry for each participant) Children's 1 mile FUN RUN - $10 *Wheelchairs and Walkers Welcome!
APPLICATIONS	can be printed on Facebook Event page for St. Peter's Key Race or www.saratogastryders.org
ONLINE REGISTRATION	www.active.com
CHECK-IN	Day of registration and packet pick-up at 8:00 AM
COURSE	Paved roads within the park mainly a flat course with beautiful scenery. Please park cars in parking lots only.
AWARDS	Overall male and female top finishers. Top three for designated age groups DIVISIONS: 14 & under, 15-18, 19-24, 25-29…through 80+, wheelchair
T-SHIRTS	FREE to FIRST 350 registered applicants; day of event will be first come basis
DONATIONS/BENEFITS	**Benefits Community Hospice of Saratoga** - The Community Hospice offers a program of services to provide support and care for persons in the final stages of life, and for their families. They offer compassionate services that respect the dignity of those served. **St. Peter's Youth Group** - Providing children and adolescence with opportunities within their Church and community
FOR MORE INFORMATION	Contacts: * Jeff/Laura Clark 518-581-7550 laura@saratogastryders.org * Beth/Adam Favro 518-584-9500 Beth@tpcwellness.com

Mail in registration continued on next page.

MAIL-IN REGISTRATION:

MAKE CHECKS PAYABLE TO: **ST. PETER'S KEYS RUN**
MAIL ENTRY TO: The Church of St. Peter, 241 Broadway, Saratoga Springs, NY 12866

NAME_____**AGE**_____ **SEX**_____

PHONE_____ **EMAIL** _____

ADDRESS_____

_____
STREET CITY STATE ZIP

CIRCLE RACE ENTRY ONE MILE 5K 10K WHEELCHAIR

Donation **$**_____

CIRCLE SHIRT SIZE ADULT: S M L XL **Amount Enclosed** $_____

In consideration of this entry being accepted, I hereby for my heirs, executors and assigns waive and release any and all claims for damages I may have against the director, sponsors, their representatives, property owners or assigns for any and all injuries suffered in said event. I also release the people of the State of New York, Executive Department, NYS Office of Parks, Recreation and Historic Preservation, Saratoga/Capital District State Park Region, Saratoga Spa State Park, and its Officers, Agents and Assigns from any and all claims.

SIGNATURE (Parent if under 18)_____

Mail in registration continued on next page.