



The Pilot Mtn. 5k Fall Trail Run/Walk will begin at the Armfield Civic and Recreation Center in the town of Pilot Mountain. The race will continue through the park behind the civic center and will take participants through Nelson Acres, a beautiful area of nature trails that winds through the fall foliage.

***Race Day Information:*** The 5k run/walk will begin at 9:00am on Saturday, October 23rd, 2010 in the parking lot of the Armfield Civic Center. Pre-registrants may pick up packets at the Armfield Civic Center on Friday 10/22 from Noon-6pm. Registration and packet pick up will begin on Saturday (10/23) at 8:00am.

Pre-Registration **\$20** (Between now and October 8th)  
After October 8th and Day-Of Registration **\$25**

*All Pre-Registrants will receive a race shirt.*

Mail checks (payable to the Armfield Civic and Recreation Center) and registration form to:

**Armfield Civic and Recreation Center**

**Attn: Sadie Simpson (5k)**

**873 West 52 Bypass**

**Pilot Mountain, NC 27041**

Questions? Contact Sadie Simpson or Leah Tunstall

336-368-2012

sadie.simpson@armfieldcenter.com

leah.tunstall@armfieldcenter.com

Registration Form

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

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

\_\_\_\_\_

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

Email: \_\_\_\_\_

Gender:        M        F

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

T-Shirt Size: S   M   L   XL   XXL

Emergency Contact Name & Number: \_\_\_\_\_

*Release:*

I assume all risks associated with participating in this trail run including but not limited to falls, contact with other participants, the effects of the weather, traffic, and conditions of the trail. In consideration of your accepting my entry, I waive all claims against the Edward M. Armfield Civic and Recreation Center, all volunteers, race sponsors, or anyone else involved for any illness or injury. I state that I am in adequate physical condition to participate in this event.

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

(Parent if under 18) \_\_\_\_\_

Registration Form

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

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

\_\_\_\_\_

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

Email: \_\_\_\_\_

Gender:        M        F

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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