## **BUTTERFIELD & VALLIS 5K**















Sunday, January 21st, 2018 **RUN & WALK** 

J NewYork-

Lower Primary (1K route) 8.30am Start **Presbyterian** Primary & Middle School...Route (2.7K) 9:00am Start Senior students and adults...Route (5K) 9:30am Start

PROCEEDS TO THE BERMUDA HEART FOUNDATION Sanctioned by the Bermuda National Athletics Association and supported by Mid Atlantic Athletic Club

School Challenge: The Primary, Middle & Senior school with the most entries will win \$500 & a plaque

Corporate Challenge: The Company with the most entries will win a plaque and Sportseller voucher

Prizes include: GRAND PRIZE DRAW FOR 2 TICKETS TO NEW YORK, 2 NIGHT STAY AT THE HELMSLEY TOWER HOTEL AND 2 BROADWAY TICKETS COURTESY OF NEW YORK PRESBYTERIAN HOSPITAL

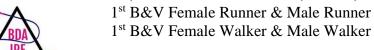
2 pedal cycles from Winners Edge, Fit Bits from BF&M and Sportseller vouchers

Individual Prizes: 1st, 2nd and 3rd Lower Primary Girls/Boys

1st, 2nd and 3rd. Primary Girls/Boys, Middle School Girls/Boys, Senior Girls/Boys

1st, 2nd and 3rd Female 18 - 29, 30 - 39, 40 - 49, 50 - 59, 60+ and walker

1st, 2nd and 3rd Male 18 - 29, 30 - 39, 40 - 49, 50 - 59, 60+ and walker





BIKE SHOP

RESULTS WILL BE POSTED ON www.bermudatiming.bm

Sign, detach and return form below along with cheques only to the Sportseller no later than Entries:

4.45pm, Wednesday, January 17th, 2018

Register online at www.racedayworld.com up until 6.00pm January 19th, 2018 Online entries:

Secondary students - \$20.00 Primary and Middle School Students - \$15.00 Entry Fee:

Adults - \$32.00

Signed: (By parent/guardian if competitor is under 21)\_

Late entries: \$42.00 Saturday ONLY at Butterfield & Vallis, Woodlands Road

Race numbers and goody bags should be picked up at Butterfield & Vallis, Woodlands Road N.B.

from 10.00 a.m. and 2.00 p.m. on Saturday, January 20th, 2018

Race Director: Terri Durrant at 236-6688 Ext. 416 or 335-4870

**Bermuda** Heart Foundation

## CHEQUES SHOULD BE MADE PAYABLE TO MAAC PLEASE PRINT CLEARLY AND FILL OUT FORM COMPLETELY

Name : (First)	(Last)		Male			
IF STUDENT: Name of School plus	please state primary, mido	dle or seco	ondary_			
Date of Birth: (month, day, year)	Age on race day:_		Email:			
Tick One: □ 1K RUN □ 2.7K RUN  (Please note: COMPETE  Telephone number(s): (H)	CTIVE WALKERS MUST	WALK	the enti	re dista	nce)	
Emergency contact name & number on						
Category: (please circle) Lower Primar	ry Primary Middle Senior	18-29	30-39	40-49	50-59	60+
Waiver: In consideration of your acceptance	•					

competitors from all claims from injury or damages however incurred during this race. I attest that I am fully fit for this event.