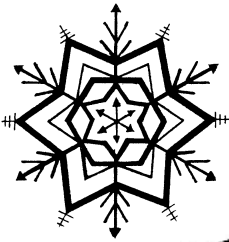


# Fulmont Roadrunners

# Winter Wimp Foot Race

## 24th Annual Running!



- Saturday, January 9, 2010, at 1:00 p.m.  
*Snow or Shine!*
- 4.4 or 2.2 miles
- Hagaman, N.Y. (*Just north of Amsterdam*)
- Registration: Amsterdam Family YMCA, 58 N. Pawling St., Hagaman, N.Y.  
11:00 a.m. to 12:30 p.m.
- Fee: Pre-race: \$14 for FMRRC members; \$16 for non-members. Race day: \$20 for all. (*A portion of the entry fee goes to the club's James R. Dern Memorial Scholarship Fund.*)
- Special race souvenirs guaranteed to first 200 registered runners.
- Refreshments, hot and cold.
- Awards to 1st three finishers, male and female, in 4.4-mile race and 2.2-mile "Wimp-Out", and to top three, male and female, in 4.4 miler in 14 & under, 15-19, 20-29, 30-39, 40-49, 50-59, 60-69, and 70+ age groups, plus Kay Guere memorial award to 1st 60+ female.
- Questions? Call Race Director Jim Louison at 843-5637.



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Please mail with check payable to the Fulmont Roadrunners Club to Jim Moore, 1341 Hawthorn Rd, Niskayuna, NY 12309.

Check here if you are an FMRRC member.

Check here if you'd like to become an FMRRC member and save \$2 on this and other club races...and also receive the club's newsletter and other benefits of membership. Memberships are \$6 for students, \$14 for individuals, \$17 for couples, and \$19 for families. Please enclose a completed membership application (available at [www.fmrrc.org](http://www.fmrrc.org)) and separate check for new memberships.

Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ Sex \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Waiver of Liability and Statement of Fitness: In consideration of my entry, I hereby for myself, heirs, executors and assigns, waive any and all claims against the Fulmont Roadrunners Club, Road Runners Club of America, the Amsterdam Family YMCA, and all officials and volunteers in this race for any injury or illness which may directly or indirectly result from my participation. I further state that I am in proper physical condition to participate in this event. I hereby grant permission for the free use of my name and photos or any other record of my participation for publicity purposes.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or guardian signature (if under 18) \_\_\_\_\_