




8:17:01 9TH ANNUAL ULSTERCORPS ZOMBIE ESCAPE

OCTOBER 27, 2018

5K RUN · 1K WALK · FREE KIDS' 1K WILLIAMS LAKE, ROSENDALE

ULSTERCORPS ANNUAL FUNDRAISER | 5K RUN/1K WALK | FREE KIDS 1K | All proceeds benefit UlsterCorps | zombies.ulstercorps.org

REGISTRATION FORM (or register online at https://www.zippyreg.com/online_reg/index.php?e=1111)



Last Name _____ First _____

Address _____

City _____ State _____ Zip _____

E-mail _____ Phone (____) _____

Emergency Contact _____ Phone (____) _____

5k Race 1k Walk 1k Kids Fun Run (FREE!) Volunteer

Race Day Age _____ Gender: M F

Pre-Registration by 10/10: \$20 _____ (FREE t-shirt)

Pre-Registration 10/11-10/27: \$20 _____ (no FREE t-shirt)

Registration after 10/27: \$25 _____ (no FREE t-shirt)

Team Price Per Person by 10/25: \$15 _____ (FREE t-shirt if registered by 10/10)

Event Sponsor: Free _____ (FREE t-shirt)

Zombie: Free _____ (FREE t-shirt)



Minimum 3 members per team. Each team member must fill out an individual registration form.

I would also like to make a donation of _____ to help volunteerism thrive in Ulster County.

Shirt size (register by 10/10 to be eligible) : yl ws wm wl ms mm ml mxl mxxl

A limited number of t-shirts will be available for purchase the day of the event.

Please make checks payable to UlsterCorps and mail to: PO Box 34 . Stone Ridge, NY 12484

In consideration of the acceptance of this entry, I waive all claims for myself, my heirs and assigns against the sponsors, cooperating and coordinating groups and any individuals associated with the event and will hold them harmless for any and all injuries which may result from my participation. I further state that I am in proper physical condition to participate in this race. I also hereby give my permission to the media to use my name and/or picture in any newspaper, broadcast, telecast or any other account of this event without limitation and without any obligation of anyone to compensate me further. Absolutely no weapons, drugs or alcohol allowed at event or on premises. Please note there is no swimming in Williams Lake.

Signature: _____

Date: _____

Parent's Signature (if under 18) _____