

4<sup>th</sup> Annual  
**Dave Fleetwood**  
Memorial Trail Run & Leisure Walk

Prizes awarded  
to Top Finishers  
Plus Random  
Prizes Drawn  
by BIB Number



**FREE  
SHIRT!**  
if you Register  
by September 10th

**Sunday, October 1, 2017 9:00AM**  
at the Beautiful West End Regional Park  
In Brodheadsville, PA

Proceeds Benefit the Dave Fleetwood Memorial Scholarship Fund  
Come Out for a Great Run or Relaxing Walk to Support a Great Cause!  
\$20.00 if you Register by September 20th



**Registration Forms on back of Flyer  
or Visit**

**[www.weposc.org](http://www.weposc.org)**

# Dave Fleetwood Memorial Trail Run/Walk

**When:** Sunday, October 1, 2017 9am (registration at 8 am)

**Where:** West End Regional Park, Chestnuthill Township located at 578 Evergreen Hollow Rd.

**Directions:** Rt 209 to Rt 715 in Brodheadsville. North on Rt 715 approximately 3 miles to veer left onto Evergreen Hollow Rd., then one mile to Regional Park. Map is available online

**Why:** Proceeds benefit the Dave Fleetwood Scholarship.

**Hosted by:** West End Park and Open Space Commission

**Registration cost:** before September 20th, \$20; after, \$25, runners or walkers

**Awards:** Top 2 overall male and female runners, plus top 3 male and female in the following age categories: 13 and under, 14-18, 19-29, 30-39, 40-49, 50-59, 60+

**Prizes:** First 100 pre-registrants will receive an event tee shirt. Register by **September 10th to insure receiving a shirt.** There will also be random drawings by bib numbers for prizes.

**The course:** The trail run is a beautiful course through 240 acres of open space property. It includes a flat trail, an open field and woods trails. The trail will measure approximately 3.2 miles.

**We are Walker Friendly!** Walkers are invited to use the 5/8 mile portion of the flat trail, and/or the 3/4 mile field trail, or the entire course. First 2 overall walkers of the full course will receive an award

**How to enter:** Fill out the form. **Make your check payable to:** Friends of WEPOSC

**Mail form and check to:** Friends of WEPOSC, PO Box 276, Saylorsburg Pa. 18353

**More information:** Trail run course map and additional registration forms are available at [www.weposc.org](http://www.weposc.org). Forms are also available at the West End Park building, Chestnuthill Park building, both the Ross and Chestnuthill Township centers, area businesses and post offices. If you need any other information, please contact Bernie Kozen at 570-992-9733, or email [bkozen@weposc.org](mailto:bkozen@weposc.org), or Jim Mannello 570-460-8165, email [manelo@ptd.net](mailto:manelo@ptd.net)

**Online Entry:** [www.runsignup.com/race/pa/brodheadsville/fleetwood5ktrailrunwalk](http://www.runsignup.com/race/pa/brodheadsville/fleetwood5ktrailrunwalk)

**Team Entry:** Teams of 4 (1 Male, 1 Female, 1 Junior & 1 Senior) are eligible for special prizes  
Follow Instructions on Team Registration Form on [www.weposc.org](http://www.weposc.org)

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Yes, Enter me into the event! I'd like to \_\_\_Run\_\_\_ Walk

Name \_\_\_\_\_ Age on race day \_\_\_\_\_

Address \_\_\_\_\_ Gender \_\_\_\_\_

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

Phone \_\_\_\_\_ Email \_\_\_\_\_

Shirt size: \_\_\_ Small \_\_\_ Medium \_\_\_ Large \_\_\_ XL \_\_\_ XXL \_\_\_ XXXL

\_\_\_ Enclosed is \$20 check payable to Friends of WEPOSC

In consideration of the use of the premises and facilities of the Friends of WEPOSC and Chestnuthill Township, and in consideration of being able to participate in the Dave Fleetwood Memorial Run/Walk, on behalf of myself, my heirs, executors, administrators, successors, or assigns, I hereby release and forever discharge the Friends of WEPOSC and Chestnuthill Township, their agents, servants, and employees of and from any and all manner of actions, cause of action, suits, damages, claims, and demands on account of personal injury, including death, or any other cause whatsoever, which I may have against them by reason of or arising out of my participation in the above listed activity.

I understand and accept the risks involved in this activity. I certify that I am physically fit to compete in this event.

Signature of Participant or guardian if under 18 \_\_\_\_\_ Date \_\_\_\_\_