

**Alyssa Barberi 5K Butterfly Run/Walk**  
**Hosted by the Chester Academy Class of 2022**  
**Saturday, October 16, 2021**



ALYSSA BARBERI



MEMORIAL FOUNDATION



**5K Run/Walk**

Flat, scenic course along the Heritage Trail beginning and ending at Chester Academy

Check-in time: 8:00-8:45a.m., Chester Academy, 64 Hambletonian Avenue, Chester, NY 10918

Run/Walk Begins at 9:00 a.m.

Registration: \$15.00 pre-registration fee (by October 1, 2021) - \$20.00 day of race - 5 and under free

Pre/Post Race Refreshments and Snacks

Free Reusable Grocery Tote Bags to the first 100 registrants - raffle prizes - Music

No rollerblades, bikes, or pets

Awards presented to the top 3 overall runners and top three in the following age groups:

- |            |       |
|------------|-------|
| 11 & under | 12-15 |
| 16-19      | 20-29 |
| 30-39      | 40-49 |
| 50-59      | 60 +  |

**Mail entry - Make Checks payable to: Class of 2022**

Contact info: Mr. Pat Higgins

phone: (845) 469-2231

email: [phiggins@chesterufsd.org](mailto:phiggins@chesterufsd.org)

or: Susan Barberi (845) 629-9796

**Mail Entry form with check to:**

Mr. Pat Higgins

Chester Academy

64 Hambletonian Avenue

Chester, NY 10918

All proceeds from run/walk fund the Alyssa Barberi Memorial Scholarship

Name:	<b>Please check the event you will do:</b>
Street address:	<input type="checkbox"/> 5K Run
City:                      State:      Zip:	<input type="checkbox"/> 5K Walk
Phone number:	Amount sent: \$_____
Age on race day:                      Shirt Size:	Donation: \$_____

Release Waiver and Assumption of Risk: In consideration of your accepting this entry, I realize that this race is on a trail and road with varied terrain and conditions. I further attest and verify that I am physically fit and have sufficiently trained for the completion of this difficult race and that my physical condition has been verified by a licensed medical doctor within the past year. I hereby for myself, my heirs, my executors and administrators, waive any and all rights of claims for damages I may have against the municipalities in which these events are held, and/or any individuals or sponsors associated with the above event for any and all injuries or death sustained by me in this event.

Signed:	Date:
parent's signature (if under 18)	