

Burn off those Thanksgiving calories for a great cause at the Penn State Health Milton S. Hershey Medical Center!



FOURTH ANNUAL COCOA BEAN 5K RUN/WALK

Saturday, November 24, 2018

Benefits Central Pennsylvania Food Bank and
Penn State Health Emergency Food Box Initiative

Thank you to our sponsor: **xerox** 

Registration Fees and Ordering Information:

5K Pre-registration Fees (until 11/20/18):

- \$20 for all ages

After 11/20/18 and Race- day Registration:

- \$23 for all ages

Premium:

Cocoa Bean running gloves to
the first 200 registrants; *not
guaranteed race-day.*

Payment Information:

Make check or money order
payable to: *Penn State Milton
S. Hershey Medical Center (or
PSMSHMC)*

Registration and Packet Pick-Up:

Race day registration and packet
pick-up starts at 7:30 a.m. in
the lobby of University Fitness
and Conference Center building.
Restrooms available.

Awards:

Overall M/F Awards to Top
Masters M/F Awards to Top 3
M/F 10 and under; 11-14; 15-19;
20-29; 30-39; 40-49; 50-59;
60-69; 70-74; 75-79; over 80.
*Post-race random prizes and
refreshments.*



PennState Health
Milton S. Hershey
Medical Center

ENTRY FORM

Details of Events

Date: Saturday, November 24, 2018

5K Start: 9:00 a.m. sharp

Course Description

Runners and walkers will enjoy a traffic-free accurate out and back 5K course that follows the John Eshenour trail from the University Fitness and Conference Center building. Course is paved sidewalk. Water stop half-way. Timing provided by Harrisburg Area Runners Club.

Location

University Fitness and Conference Center, 30 Conference Drive, Hershey, PA.
Plenty of parking at building parking lot.

Questions?

Contact race directors:

Marjorie Lebo at 717-531-5164 or mlebo@pennstatehealth.psu.edu

Holly Bohensky at hbohensky@pennstatehealth.psu.edu

Register online at runsignup.com or mail entry with \$20 check payable to **Penn State Milton S. Hershey Medical Center (or PSMSHMC)** to: **Marjorie Lebo, Penn State Health Milton S. Hershey Medical Center, 500 University Drive, MC H137, Hershey, PA 17033.**

PLEASE PRINT CLEARLY. Fill out entire form in blue or black ink.

First Name: _____ Last Name: _____

Age on Race Day: _____ M/F: _____ Glove Size: Small Medium/Large

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Liability Release

In consideration of the acceptance of this entry fee, I waive all claims for myself, my heirs, and assigns against the sponsors, cooperating and supporting groups and any individuals supporting this event including the Penn State Health Milton S. Hershey Medical Center, University Fitness and Conference Center building, and Derry Township. I hold the above individuals and groups harmless for any and all injuries which may result from my participation. I am in proper physical shape for this event.

Signature of Entrant: _____ Date: _____

(or parent or guardian if under 18 years of age)