



# COOPERSBURG 5K RUN FOR PULMONARY FIBROSIS REGISTRATION FORM

17TH ANNUAL

SATURDAY, MAY 27, 2023

LINE-UP TIME: 8:00 AM  
OFFICIAL START TIME: 8:10 AM

**RACE DATE/TIME:** Saturday, May 27, 2023. Rain or Shine. Line-Up at 8:00 AM; Official Race Time: 8:10 AM.

**BENEFITS:** The profits will benefit the Wescoe Foundation for Pulmonary Fibrosis.

To learn more about our heartfelt mission as well as all race details, race route, and volunteer registration, please visit [www.wescoe.org](http://www.wescoe.org). Please call Race Director, Jennifer Wescoe, at 484.553.6340 for any additional questions.

**AWARDS:** Prizes for top male and female runners in each age group will be awarded. Refreshments during and after the race will be provided.

**ADDRESS:** Coopersburg Borough Hall, 5 N. Main Street, Coopersburg, PA

**FEE:** Cost is \$30 per person; families who register more than 3 participants will receive a \$10 discount for each family member registered thereafter. All school running clubs will receive a \$10 discount per runner. You will need verification of membership (e.g. school/coach roster). Kids Fun Run Cost: Ages 2-8 years \$10 / Ages 8 and up \$30. Registration form must be postmarked by Friday, May 19, 2023. **After Friday, May 19, the fee is \$38.** Race day registration will be accepted until 7:15 AM. **Sorry, no guarantee of packet materials, goodie bag, or tee shirt for those registering on race day.** (If registration is postmarked before Friday, May 19, 2023, you will receive a complimentary Coopersburg 2023 5K tee-shirt). Make checks payable to Wescoe Foundation for Pulmonary Fibrosis or WFPF. Online registration is available at: [www.wescoe.org](http://www.wescoe.org); [www.active.com](http://www.active.com) (Closes on Friday, May 24, 2023).

**RETURN YOUR COMPLETED REGISTRATION FORM, FEE, AND WAIVER FORM TO:**

2023 Coopersburg 5K Run for Pulmonary Fibrosis  
229 N. Main St.  
Coopersburg, PA 18036  
email: [jennifer@wescoe.org](mailto:jennifer@wescoe.org); 484.553.6340

-----DETACH and RETURN THIS PORTION-----

NAME

AGE DIVISION

STREET

CITY, STATE, ZIP CODE

I AM AN IPF PATIENT

I AM AN IPF CARE PARTNER

**CONSENT AND WAIVER**

I hereby declare myself in good physical condition and able to run or walk in the 2023 Coopersburg 5K Run. I do hereby waive and release the individuals associated with this event, its agencies, representatives, successors, and assigns, from any claims for damages of any nature, including personal injury that I may incur as a result of my participation.

**TSHIRT SIZE (CIRCLE ONE)**

S            M            L  
XL        XXL        XXXL

PRINT NAME

PLEASE USE SEPARATE ENTRY FORM FOR EACH FAMILY MEMBER OR GROUP MEMBER:

**CIRCLE YOUR GENDER & AGE GROUP ON RACE DAY**

SIGNATURE

SIGNATURE OF LEGAL GUARDIAN (PARTICIPANT UNDER 18)

DATE SIGNED

MEN		WOMEN	
11 & under	45-49	11 & under	45-49
12-15	50-54	12-15	50-54
16-19	55-59	16-19	55-59
20-24	60-64	20-24	60-64
25-29	65-69	25-29	65-69
30-34	70+	30-34	70+
35-39		35-39	
40-44 (40 +: Masters Level)		40-44 (40 +: Masters Level)	