



12<sup>th</sup> ANNUAL  
DENNIS CHAMBER OF COMMERCE  
**LABOR DAY  
5K ROAD RACE**

**SUNDAY, SEPTEMBER 3, 2017 10AM**  
**DENNIS, CAPE COD**

**Start:** Johnny Kelley Park, Bob Crowell Road & Old Bass River Road, South Dennis  
**Finish:** Carlton Hall, Old Bass River Road, Dennis Village

Awards to top male and female finishers in: Junior Student (9-14), High School Student (15-18), Young Adult (19-36), Adult I (37-55), Adult II (56-69) and Seniors (70+) categories.

**Registration: \$25 adults / \$15 Students** (under 19)

**Registration & Number Pick-Up at 9 AM. Race Starts at 10 AM.**

Bib number & race shirt pick up for pre-registered runners also

Saturday, September 2nd, 10am-4pm at the Dennis Chamber of Commerce Visitor Center

Runners receive an official number. Free race shirt to first 200 entrants.  
Official times & awards at the finish line.

Register online at  
[www.DennisChamber.com](http://www.DennisChamber.com)

508.398.3568 • [info@dennischamber.com](mailto:info@dennischamber.com)

To Register fill out the registration form below  
and return with registration fee to:

Dennis Chamber of Commerce

P.O. Box 1001, West Dennis, MA 02670

Runner's Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Gender:      Male      Female      Age: \_\_\_\_\_

Shirt Size: S M L XL

In consideration of your accepting my entry I, intending to be legally bound, do here by for myself, my heirs, executors, and administrators, waive and release forever, any and all rights and claims or damages I may accrue against the Dennis Chamber of Commerce, Inc. its successors, representatives and assigns for any and all injuries suffered by me while traveling to and from and while participating in the Dennis Chamber of Commerce annual 5K Road Race.

\_\_\_\_\_  
Signature (Parent or Guardian if under 18)

Date \_\_\_\_\_

**Make checks payable to: Dennis Chamber of Commerce**

**Fill Out to Pay by Credit Card or call 508.398.3568**

Credit Card: MC \_\_\_ Visa \_\_\_ Amex \_\_\_ Card No.: \_\_\_\_\_

Name on card \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CCV Code \_\_\_\_\_