

NATIONAL HARD CRAB DERBY
PO BOX 292~~CRISFIELD, MARYLAND 21817

**36th ANNUAL MIKE STERLING /
CRAB DERBY RACE & WALK**

DATE: Saturday, September 5, 2015

LOCATION: Crisfield, Maryland - From Crisfield City Dock

TIMES: Walk begins at 7:30 am Run begins at 8:00 am

Dear Runner/Walker,

Please join us for the 36th Annual Crab Derby 10K Race / 5K Walk to be held in Crisfield, Md. during the annual National Hard Crab Derby. The race will begin and end at our newly renovated Crisfield CITY DOCK, at the end of Rt. 413.

Runners and walkers will enjoy a fast, flat course that meanders thru the City of Crisfield as well as the neighborhoods and along the waterfront outskirts. Water stops will be provided at two locations along our route. The finish area pavilion will provide both shade and refreshment during the awards ceremony. After the race, feel free to stay in Crisfield for the many Crab Derby activities! We welcome you to our town!

Pre-registration Deadline: Friday, September 4th \$20.00

Race Day (Saturday, September 5th) Registration is \$25.00

SEE YOU AT THE RACE !!!! PLEASE TELL YOUR FRIENDS !!!!

National Hard Crab Derby
Race Committee

67th National Hard Crab Derby

P.O. Box 292 Crisfield, Md. 21817
410.968.2500 1-800-782-3913

info@crisfieldchamber.com www.crisfieldchamber.com

36th Annual Mike Sterling 10-K Race application Race Day Saturday, September 5, 2015

PLEASE PRINT CLEARLY

Name: _____

Street/PO Box: _____

City: _____ State: _____

Zip: _____ email address: _____

Age: _____ Sex: M ____ F ____ Walk ____ Run ____

Name & phone # of emergency contact person:

In consideration of my acceptance of this entry, I hereby waive and release any and all claims for myself and/or my heirs against the National Hard Crab Derby or the Crisfield Chamber of Commerce for injury or illness which may arise due to my participation in this event. I further state that I am in proper physical condition to compete and that I am an amateur runner. Parent or Guardian must sign if applicant is under 18 years of age.

SIGNATURE: _____

DATE: _____

Please make checks payable to: National Hard Crab Derby.

Mail to: Crab Derby 10-K Race
 PO Box 292, Crisfield, MD. 21817