

[Register Online](#)

Annapolis Striders Present the Second Annual
Rosaryville Veteran's Day 50K
Rosaryville State Park

The race will close out at 200 participants

SATURDAY, November 12, 2011, 8:00 a.m.

LOCATION and DIRECTIONS	Rosaryville State Park From Baltimore: (Travel time approx. 1 hour.) Take Route 97 to Route 3 south. Route 3 will cross Route 50 and become Route 301 south. Follow Route 301 to Upper Marlboro. The State Park is located approximately 4 miles south of Upper Marlboro. The park entrance is on the right. From the Washington Beltway I-495/95: (Travel time approx. 1/2 hour.) Take exit #11, Route 4 East. Follow Route 4 to Upper Marlboro. Exit on Route 301 south for approximately 4 miles. The park entrance is on the right.
TIME	Registration: 6:30 - 7:30a.m. Race Starts: 8:00a.m. Time limit: 8 hours
PRE-REGISTRATION	Annapolis Strider members \$25.00 Non-members \$30.00 Mail by October 30, 2011 Or register online.
RACE DAY ENTRY FEE	All runners \$40.00
AWARDS	Overall Male/Female, Masters, Military, 10-year AGs; Hats for all finishers
DISTANCE	50K
COURSE	Wooded trails, some meadows
DUE TO INSURANCE REGS.	No headphones or pets allowed during the race
FOR MORE INFORMATION	Contact Co-Race Director, Tom DeKornfeld, at 410-562-4489 or tdekornfeld@yahoo.com, or Richard Snyder at 410-693-3543 or richs9118@yahoo.com, or http://annapolisstriders.org
TO VOLUNTEER	Contact Tom DeKornfeld at the number listed above. Volunteer validation.

Rosaryville Veteran's Day 50K - COMPLETE ALL INFO. PLEASE PRINT. Mail by October 30, 2011. Make checks payable to Annapolis Striders, Inc. NO CASH BY MAIL. Send with form to Tom DeKornfeld, 307 Dewey Drive, Annapolis, MD, 21401

LAST NAME _____ FIRST NAME _____ MI _____

TELEPHONE _____ MILITARY (active duty or prior service) [] Y [] N

STREET _____ Email: _____

CITY, STATE _____ ZIP _____

DATE OF BIRTH [] GENDER [] M [] F ANNAPOLIS STRIDER? [] Y [] N

WAIVER AND RELEASE: I know that running is a potentially hazardous activity. I understand that I should not participate unless medically able. I assume all risks associated with involvement with this race, including but not limited to falls, contact with participants, the effects of weather, including high heat and/or humidity, the condition of the course and/or road, and traffic on the course, these risks being known and appreciated by me. Having read this Waiver and Release, knowing these facts, and in consideration of my being accepted into this race, I, for myself and anyone entitled to act on my behalf, waive and release the Annapolis Striders, the Road Runners Club of America, all sponsor and hosts, and their representatives and successors from all claims or liabilities of any kind arising from my involvement in this race.

SIGNATURE OF ENTRANT _____

DATE _____

SIGNATURE OF PARENT IF ENTRANT UNDER AGE 18 _____

DATE _____