

PENN RELAYS RACE WALK ENTRY FORM

Date: Saturday, April 26th 2025 **Where:** Franklin Field Stadium

235 S. 33rd Street, Philadelphia, PA 19104

Race Schedule:

7:00AM – High School Girls 5,000m

7:30AM – Men's 5,000m (U20, Open, Masters) 8:00AM – Women's 5,000m (U20, Open, Masters)

Event Coordinator: Solomiya Login Email: s miya2@hotmail.com

Entry Fee: \$25.00

Entry Deadline: April 1, 2025

Paper Copy Registration information:

Make check payable to:

Trustees of the University of Pennsylvania Mail this Entry form and payment to: Penn Relays Entry - Attn: Solomiya Login PO. Box 367, Southampton, PA 18966

Online Registration information:

Use Google Entry Form:

https://forms.gle/z86ShezXi9778Fih6 Pay via VENMO: @Solomiya-Login



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Penn Relays – Race Walk

Use the following times as guidelines for qualifying. Quality performance at another distance may also be considered to fill each field.

Qualifying	Men's Standard	Men's Equivalent	Women's Standard	Women's Equivalent
Standards	(5000 m/5 K)	(3000m/3K)	(5000 m/5 K)	(3000 m/3K)
High School	N/A	N/A	29:00	16:45
U20 (14-19)	27:30	15:45	29:00	16:45
Open (20+)	25:00	14:00	26:30	15:00
Masters (40+)	27:30	15:45	29:00	16:45

Time Updates: Qualifying Time updates will be accepted if RECEIVED by 4/1/2025. **Fields are limited to 25 entrants for each race. The final selection is made by the Event Coordinator.**

Information on housing and directions to Franklin Field can be found at www.thepennrelays.com

First Name		Lost No.				
First Name:						
Name of Club, Team	or School (if affilia	ted):				
Date of Birth:	Age	on Race Date	:	Gender: [□ Male	☐ Female
Division (select one):	☐ High School	□ U20	□ Open		asters	
Entry Time/Distance :						
For verification, pleas	se provide the meet	:/race name a	nd date you	achieved the	qualifyir	ng time:
Home Address:						
City:				State:	Zip:_	
Phone:	Ema	ail:				

Each entrant is requested to complete the attached athletic resume. This information will be used by the announcer during the race to draw attention to your accomplishments.



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(Don't Write In This Box – Staff Only)

Hometown: State: Name of Club, Team, or School (if affiliated): # of Years Competing: Best Times (all distances):	Athlete Resume		RACE NUMBER:
Hometown: State: Name of Club, Team, or School (if affiliated): # of Years Competing: Best Times (all distances): Major Athletic Accomplishments:	Name:		_
Name of Club, Team, or School (if affiliated): # of Years Competing: Best Times (all distances): Major Athletic Accomplishments:	Gender: Age:		
# of Years Competing: Best Times (all distances): Major Athletic Accomplishments:	Hometown:	State:	
Best Times (all distances): Major Athletic Accomplishments:	Name of Club, Team, or School (if affiliated):		
Major Athletic Accomplishments:	# of Years Competing:		
Major Athletic Accomplishments:	Best Times (all distances):		
Major Athletic Accomplishments:			
Major Athletic Accomplishments:			
Major Athletic Accomplishments:			
	Major Athletic Accomplishments:		
Interesting Hobbies or Other Notes:	Interesting Hobbies or Other Notes:		
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