

2010 Race to End Homelessness Registration Form:

Last Name: _____

First Name: _____ Middle Initial: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Cell Phone: _____

Email address: _____

Age on day of race: _____

Type of Participant:

Runner Walker Wheelchair Male Female

T-shirt Size:


Small Medium XL XXL



Help us with our advertising costs by letting us know how you found out about this event: _____

Waiver

By checking the box below, I, or my parent or legal guardian if I am under age 18, agree, warrant, and covenant as follows: I know that running a road race is a potentially hazardous activity. I, or my child, should not enter and race without being medically able and properly trained. I assume all risks associated with participating, or allowing my child to participate, in this event. If I am under eighteen years of age, consent of parent or legal guardian has been given and the parent or legal guardian agrees to all above legally bound statements. By signing below and further submitting this form, I, or my parent or legal guardian if I am under age 18, understand and agree to the waiver.

 Check this box if you (or your parent or legal guardian if you are under age 18) have read, understand, and agree with the terms of this waiver.

Signature of Participant: _____

Signature of Parent or Legal Guardian if Participant is under age 18: _____

Date: _____

Complete this form and mail it with your entry fee check to:

Ms. Kathy Beach
Race Chair
P.O. Box 109
New Albany, IN 47151

Make checks payable to:
CFTH 5K

Entry Fees if sent before September 18, 2010:

\$25 for Adults
\$15 for youth (under age 18)

Entry Fees if sent after September 18, 2010, including race day:

\$30 for Adults
\$20 for youth (under age 18)

Note: The Coalition for the Homeless, Inc., is a 501(c)3 organization and, as such, contributions are tax-deductable by law.