

Registration

2017 Run / Walk

St. Vincent de Paul Friends of the Poor 5km

PERSONAL INFORMATION:

Today's Date: _____

Last Name: _____ First Name: _____

Gender: M ___ F ___ Age _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address _____ Phone Number _____

T-Shirt* Size (Please circle one): S M L XL XXL Youth Small Youth Medium Youth Large

FEES - Prior to Dec, 31, 2016

FEES – Rec'd in January 2017

Adults: \$25 Children 5 to 12: \$13	Adults: \$30 Children: 5 to 12: \$15
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FEES – Rec'd by February 24, 2017

Late Registration Rec'd Feb 25, 2017**

Adults: \$35 Children 5 to 12: \$15	Adult: \$40 Child: 5 to 12: \$20
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*Must be a registered walker/runner to receive a T-shirt

** T-shirt not guaranteed for late registration

Make checks payable to **St. Vincent de Paul** and remit to:
SVDP 2017 Race Walk
2825 W Rose Canyon Circle, Bldg. B, Anthem, AZ 85086

Total Paid: Check _____ Cash _____ Credit/Debit card _____ St. Rose We Share _____

Date Paid: _____ Payment Received by: _____

In submitting this entry, I, intending to be legally bound for myself, my heirs, executors, and administrators waive, release and forever discharge any and all rights and claims for damages I have or may have against the organizers of this event, its principals, its employees, its volunteers, all sponsors and their representatives for any and all claims and damages, demands actions whatsoever in any manner, as a result of my participation in Every Mile Counts 5km Run/Walk, including travel to and from the event. I hereby consent to medical treatment in the event of injury, accident and/or illness during the event. I hereby grant full permission to any and all of the foregoing to use my name and likeness in any broadcast, telecast, video or print media reporting or advertising of the event without compensation. If you are under 18, a parent or legal guardian must sign this form.

PRINT NAME: _____ DATE: _____

SIGNATURE (Guardian to sign if under 18) _____