

ENTRY FORM (One per runner)



50 Hecto 5K Run!



Last Name _____

First Name _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ Age on race day _____

Date of Birth _____

Email _____ Gender: M ___ F ___

CARA # _____	(\$4.00 Discount 5K only)**
St. John Member Code _____	(\$4.00 Discount 5K only)**
Race (check one):	
5K _____	\$25 (\$30 day of race)
Clydesdale _____	\$25 (\$30 day of race)
Kid's Challenge 5K _____	\$25 (\$30 day of race)
Youth 100m _____	\$8 (\$10 day of race)
Kid's 50m _____	\$4 (\$5 day of race)
** Not Applicable - Race Day	

Checkmark your shirt size (for 5k Runners):				
Small	Medium	Large	XL	XXL
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Registration

Mail completed registration form along with your check (payable to St. John Wheaton PTL)

Must be received on or before May 3, 2010

Send To

50 Hecto & American Slide-Chart (5K) Run!
125 East Seminary Street, Wheaton, IL 60187

OR

register online at www.signmeup.com

Release and Waiver: No unsigned applications will be accepted. I hereby for myself, and my minor child, if applicable, along with his/her/my heirs executors and administrators, waive, release and forever discharge any and all rights and claims for damages which I/he/she may have or hereafter accrue against the City of Wheaton, American Slide-Chart, Chicago Area Runners Association, and St. John Church and School, their officers, directors, employees, agents, sponsors, and volunteers for any and all damages and injuries sustained and suffered by me directly or indirectly from my entry and participation in the 50 Hecto & American Slide-Chart (5K)

Run! I attest and verify that I have full knowledge of the risks involved, and that I am physically fit and sufficiently trained to participate in this running event. I hereby grant my consent to any of the above named parties and their authorized agents to use my name and any photographs, videotapes or recordings of my participation in this event for any lawful purpose without compensation to me or on my behalf.

Signature: _____ Date: _____

(Signature of parent or guardian if under 18 _____ Date: _____

One application per entry, please