Entry Form/6 Easy Steps

\$10.00 Advance Children Entry Fee, \$12.00 Race Day \$25.00 Advance Adult Entry Fee, \$30.00 Race Day \$15.00 Advance Walk Entry Fee, \$18 Race Day

PLEASE USE A SEPARATE ENTRY FORM FOR EACH PARTICIPANT (You may photocopy this form)

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Name (print clearly)		Name (print clearly)		
Street		Street		
City State	Zip	City	State	Zip
Phone (home)	(cell)	Phone (ho	ome) (cell)
Email (for results & future or	-line registration)	Email (for	r results & future on-l	ine registration)
Age (on race day)N	Iale □ Female □	Age (on r	race day) Ma	ıle □ Female □
Children's Races—PLEASE CHECK: □ 50 yd. Dash—Age 1 and under □ 50 yd. Dash—Age 2 □ 50 yd. Dash—Age 3 □ 50 yd. Dash—Age 4 □ 200 yd. Run—Age 5 □ 200 yd. Run—Age 6 □ Quarter-Mile—Age 7 □ Quarter-Mile—Age 8 □ Quarter-Mile—Ages 9-10 □ Quarter-Mile—Ages 11-13		□ 50 yd. I □ 50 yd. I □ 50 yd. I □ 50 yd. I □ 200 yd. I □ 200 yd. □ Quarter □ Quarter	Children's Races—PLEASE CHECK: □ 50 yd. Dash—Age 1 and under □ 50 yd. Dash—Age 2 □ 50 yd. Dash—Age 3 □ 50 yd. Dash—Age 4 □ 200 yd. Run—Age 5 □ 200 yd. Run—Age 6 □ Quarter-Mile—Age 7 □ Quarter-Mile—Age 8 □ Quarter-Mile—Ages 9-10 □ Quarter-Mile—Ages 11-13	
dult Races/Walk-PLEAS Two-Mile Run Five-Mile Run Two-Mile Walk	E CHECK	Adult Ra □ Two-M □ Five-M □ Two-M	ile Run	<u>CHECK</u>

•		
Name (print clearly))	
Street		
City	State	Zip
Phone (home)	(cell)	
Email (for results &	future on-line re	egistration)
Age (on race day)_	Male 🗆	Female □
Children's Races—	-PLEASE CHE	CCK:
□ 50 yd. Dash—Age	e 1 and under	
□ 50 yd. Dash—Age	e 2	
□ 50 yd. Dash—Age	e 3	
□ 50 yd. Dash—Age	e 4	
□ 200 yd. Run—Ag	e 5	
□ 200 yd. Run—Ag		
☐ Quarter-Mile—A	•	
☐ Quarter-Mile—A	ige 8	

Adult Races/Walk-PLEASE CHECK □ Two-Mile Run □ Five-Mile Run □ Two-Mile Walk

□ Quarter-Mile—Ages 9-10 □ Quarter-Mile—Ages11-13

(non-competitive)

(non-competitive)

(non-competitive)

YOUTH T-SHIRT

- \square (XS) Toddler
- \Box (S) 6-8
- \Box (M) 10-12
- □ (L) 14-16

ADULT T-SHIRT

- □ Small □ X-Large
- □ Medium □ XX-Large
- □ Large

X

Participant's signature, required.

(If under 18, signature of parent or guardian required.)

In consideration of your acceptance of this entry, I hereby for myself, my heirs, my executors and administrators, waive any and all rights and claims for damages I may have against the sponsor, coordinating groups, and any individuals associated with the event, the representatives, successors and assigns for any and all injuries suffered by me in connection with said event. Also, none of the above are responsible for the loss of personal items nor any other form of aggravation in connection with said event. I have been warned I must be in good health to participate in this event. In filling out this form I acknowledge that I am an amateur in such events. COMCARE may also use any photographs taken during this event for marketing purposes.

PLEASE ENCLOSE PAYMENT WITH ENTRY FORM MADE PAYABLE TO

Smoky Hill River Run

Mail to: Salina Regional Health Center Attn: Brandon Martinez 400 S. Santa Fe, Salina, KS 67401

CHECK LIST:

- 1. Did you print your name, address, phone and provide us with an email address?
- 2. Did you check which race/races you wish to compete in?
- 3. Did you check a t-shirt size?
- 4. Did you enclose your payment?
- 5. Did you sign your entry form? (required)

PLEASE CHECK T-SHIRT SIZE

YOUTH T-SHIRT

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- \Box (S) 6-8
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