

SAVE THE DAY ENTRY FORM

Please complete a separate form for each participant.

PARTICIPANT INFO **NAME:** Last: _____ First: _____ Age: _____

GENDER: Male Female

T-SHIRT SIZE: Adults: M L XL
Children: L XL

ADDRESS: Street: _____ Apt.# _____
City: _____ State: _____ Zip Code: _____

PHONE #: _____ **CELL #:** _____

E-MAIL ADDRESS: _____

ENTRY TYPE: 5K Run/Walk 1-Mile Run/Walk

I cannot participate, but will show my support with a donation.
 I would like to volunteer.

ENTRY FEES

\$25 (T-shirts available for all pre-registrants)
 \$30 (after 10/29)
 \$10 Children, ages 6-18 (T-shirts available)
\$ _____ Donation amount
\$ _____ **TOTAL**

MAIL CHECKS TO Jennifer Langlois
19 Applewood Road
Malvern, PA 19355
Make checks payable to: "Save the Day 5K."

PARTICIPANT WAIVER In consideration of this entry being accepted, I hereby, for myself, my heirs, executors and administrators, waive and release any claims that I may have against Willistown Township, the school, the race organizers, the sponsors, and their representatives, successors, or assignees for any injuries that may be suffered by me in this event. I also give permission for the use of my name and/or picture in any newspaper, website, broadcast, or other account of this event. I certify that I am in good physical condition for this event.

Signature _____
(Participants under age 18 must have parent or guardian sign waiver.)

Runner _____
(Please print.)