



The
Medical
Center

10K

CLASSIC



SATURDAY, OCTOBER 15TH 2011

10K Classic Entry Form

First Name

Last Name:

Address:

City/State/Zip:

Phone: - - DOB: / /
month day year

Email:

Gender: Male Female

Age:
(As of 10/15/11)

Warren County Resident (circle one): Yes No

*For special First Place Male & Female Finishers (Warren County, KY)

EVENT (Check one)

- 10K Run 5K Run/Walk
 1.5 Mile Fun Walk 10K Wheelchair Race

T-SHIRT SIZE (Check one)

- Small Medium Large XLarge XXLarge

ENTRY FEES

	By 9/16	9/17-10/13	After 10/13	SubTotal
Individual	\$30	\$40	\$ 50	\$ _____
Family	\$70	\$95	\$120	\$ _____

*For Family: Mother, Father and Children (ages 6 to 18). One entry per person. All entries must be submitted together and all must reside at same address.

Additional Pasta Party Tickets

\$5 Adult (13+) / Qty: _____ \$3 Child (6-12) / Qty: _____ \$ _____

TOTAL DUE
 \$ _____

METHOD OF PAYMENT

- Cash Check Credit Card

Credit Card Number (MasterCard, Visa, Discover):

Credit Card Security Code: Exp Date: month/year

Name on Card:

Make checks payable | The Medical Center 10K Classic
 and mail to | P.O. Box 1175 Bowling Green, KY 42102

I hereby waive all claims for myself, my heirs and executors against The Medical Center 10K Classic, its sponsors, agents and employees for any claims and liabilities which may result from my participation. I assume all risks associated with participating in The Medical Center 10K Classic including, but not limited to, falls, contact with other participants, the effects of the weather and conditions of the road, all such risks being known and appreciated to me. I further state that I am physically able to complete my registered event. I understand that the race course closes at 10:00 a.m. and if I have not completed my event at that time, I must move to the sidewalk. I also grant full permission to use any photographs, video recording or any other record of this event. I also understand that The Medical Center 10K Classic will take place rain or shine and my entry fee is not refundable.

Participant Signature: _____

Parent/Guardian Signature (If Under 18): _____