

Registration Form

14th Annual



2009

2009

Name: _____

Date of Birth: ____/____/____

Age as of 06/21/2009: _____ M / F (circle one)

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Run Walk Children's Run (circle one)

Shirt Options: Golf T-Shirt (circle one)
(Please note: Golf shirt availability is limited, first come-first serve)

Shirt Size: S M L XL XXL (circle one)

Children's T-Shirt Size: S M L (circle one)

Area High School: _____

Student Teacher Staff (circle one)

Adult: Pre-Registration \$15.00 \$20.00 Race Day
(Registration will be held from 6:30-7:30am)

Children's Run: Pre-Registration \$5.00 Race Day \$6.00

Team Name: _____ (optional)

Waiver

- Please send this form with the entry fee no later than June 18th, 2009 to:
- Make checks payable to:

Kilbride Family Classic 5K
P.O. Box 921
Kankakee, IL 60901

Kilbride Family Classic 5K

For further information, call (815)937-4200 days or (815)932-3885 after 6:00 p.m. or email: jkilbride@sbcglobal.net

I waive and forfeit all rights, I, my heirs, successors or assigns may have to file suit against KILBRIDE FAMILY CLASSIC 5K and it's sponsors.

Signature: _____

Parent Signature (if under 18): _____

***FOR THE CONSIDERATION AND SAFETY OF EVERYONE, PLEASE LEAVE YOUR PETS, ROLLER BLADES, BICYCLES, TRICYCLES AND SKATE BOARDS AT HOME.