ENTRY FORM Kenai Peninsula Run for Women
(Tax Deductible) Donations Gladly Accepted

Men who support the cause and who want to participate are encouraged to volunteer for the Run for Women

I am entering ❑ Women's 5K ❑ Women's 10K • Are you a collegiate runner? ❑ Yes ❑ No

Last Name _____ First Name _____ MI ____

Mailing Address _____ City _____ State ____ Zip _____

Home Ph. _____ Work Ph. _____ DOB _____ Age on 8/13/05 _____

Circle Age Division: (a) 14 and Under (b) 15-19 (c) 20-29 (d) 30-39
(e) 40-49 (f) 50-59 (g) 60-69 (h) elite (70+) (i) wheelchair

WALKERS WELCOME!

In consideration of your acceptance of this race entry, I for myself, heirs, executors, administrators and assigns, forever release and discharge any and all rights, demands, claims for damages and causes of suit or action known or unknown, that I may have against The LeeShore Center, the directors, officers, employees and agents of such parties and any and all injuries in any manner arising or resulting in said race. I attest and verify that I have full knowledge of the risks involved in the race, that I will assume and pay my own medical and emergency expenses in the event of an accident, illness or other incapacity, regardless of whether I have authorized such expenses, and that I am physically able and sufficiently trained to participate in this race.

Signature of Participant _____ Signature of Parent if under 18 _____

Enclosed is my check for $15.00 _____ $20.00 late fee _____ Pledges raised and enclosed _____

Checks should be made payable to The LeeShore Center

Mail this form to RACE ENTRANTS, The LeeShore Center • 325 SOUTH SPRUCE ST. • KENAI, AK 99611

(Your cancelled check is confirmation of entry.) Postmark deadline: Friday, August 1, 2008 • In person registration at The LeeShore Center through Thursday August 7, 2008.

Late registration closes at 9:30 a.m. on race day ($20.00) • Registration Fees do not go towards pledge amount. Registration is open to women and girls of all ages.

Note: This form may be duplicated to accommodate additional pledges.			
Name	**Address**	**Phone Number**	**Donation Pledged**