

Downtown Danville Association
17th Annual Shamrock 5K
Saturday, March 20, 2010
Registration Form
(Please print – photocopies okay)

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

PHONE: _____ E-MAIL: _____

AGE ON RACE DAY: _____ SEX: _____

_____ 5K RUN _____ 5K WALK

CIRCLE SHIRT SIZE: M L XL (FIRST 200 ENTRIES)

TEAM NAME: _____

(MINIMUM OF THREE RUNNERS)

WAIVER

In consideration of the acceptance of my entry, my executors, administrators, and assignees, I do hereby release and discharge Downtown Danville Association, sponsors, and Danville Running & Fitness Club, their officials and members of all claims and damages, demands and actions whatsoever in any manner arising or growing out of my participation in the 5K Run/ 5KWalk on March 20, 2010. I verify that I have full knowledge of the risks involved in this event and I am physically fit and sufficiently trained to participate in the event.

Signature Date

Parent's Signature (If entrant is under 18 years) Date

PAYMENT: _____ \$15 _____ \$10 (AGE 19 AND UNDER) _____ CHECK _____ VISA _____ MC

CARDHOLDER NAME: _____

CARD #: _____ EXP _____

CARDHOLDER SIGNATURE: _____

Mail completed form and payment to:
Downtown Danville Association
635 Main Street
Danville VA 24541
Attn: Shamrock 5K

