

## Saturday, June 7, 2014 ENTRY FORM

\$20 with shirt - before 5/15/14 \$25 with shirt - after 5/16/14 \$30 with shirt - race day

Make checks payable to: Canastota Running Club

Mail checks and entry form to: 3489 Indian Opening Road Canastota, NY 13032

Please print and include all information. We cannot enter illegible or incomplete applications.

Last Name	
First Name Mid	H
Address	
City	
State Zip Code Phone	
Email	
Age as of 6/7/14 Gender(circle) Male Female     5k Run  Fun Run  Canastota Alumni  I can not run, but please acc	ept my donation.
Shirt Size	irst 500 runners  Scholastic Open
Team Name:	
A team must consist of 5 male or 5 female runners. Team winners decided by total times.  Please list each team member and age below.	
In consideration of your accepting this entry, I the undersigned intending to be legally bound, hereby, for myself, me have and release any and all rights and claims I may have against the Canastota Running Club, its race committee a representatives, successors and assigns for any and all injuries suffered by me in said events. I attest and verify that sufficiently for the competition of this race. For reasons of liability and safety we prohibit the use of strollers, baby-jog	and its volunteers, its sponsors, their t am physically fit and have trained
Failure to date and sign will invalidate your entry.	
Signature	Date
Parent Signature	Date