



Entry Form

Enter 'ON LINE' (www.moonlightrun.com) or... mail or drop off form with payment (Cash or Cheque - Not Post Dated) to:

Runner's Soul Moonlight Run, 2646 South Parkside Dr. Lethbridge, AB T1K 0C4

Need more entry forms? Check our website and download a form.

Please Print Legibly - Just because you can read it doesn't mean we can!

LAST NAME

FIRST NAME

MAILING ADDRESS

CITY

PROVINCE/STATE

POSTAL/ZIP CODE

PHONE (RES)

(BUS)

EMAIL

(important in case we need to contact you about your entry.)

Which Event? walkers participate in the 6k only - no 10k walkers - sorry no pets or strollers

6K MALE

6K FEMALE

10K MALE

10K FEMALE

Age Category (As of March 20th, 2010): Circle One

11 & UNDER

12-15

16-19

20-24

25-29

30-34

35-39

40-44

45-49

50-54

55-59

60-64

65-69

70-74

75-79

80+

Shirt & Size

NONE

SMALL

MEDIUM

LARGE

X-LARGE

XX-LARGE (ADD \$3)

Enclosed

\$

Entry \$30.00 with shirt (add \$3.00 if size XXL).

\$

Entry \$20.00 without shirt.

\$

Late entry \$25.00 after March 8th (if space available, no shirt).

\$

Please include _____ extra pizza tickets at \$2.00/slice (1 slice included).

TOTAL \$

Method of Payment: Cheque Cash (sorry no debit)

Payment by VISA or Mastercard is only available online (\$2 processing fee)

Tell Us About Yourself OCCUPATION/SCHOOL ATTENDING

GOAL IN THIS MOONLIGHT RUN

IS MARCH 20TH A SPECIAL DAY FOR YOU?

AGE

OF PREVIOUS MOONLIGHT RUNS

WHAT IS YOUR PREVIOUS FASTEST MOONLIGHT RUN IN 10K?

IN 6K?

FUTURE GOALS

Waiver Form

In consideration of your acceptance of this race entry, I, for myself, my heirs, executors, administrators and assigns, forever waive, 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 Runner's Soul Moonlight Run and any and all participating race sponsors and supporters and directors, officers, employees and agents of such parties, for any and all injuries in any manner arising or resulting from my participation in said race. I attest and verify that I have full knowledge of the risks involved in this race, that I assume those risks, that I will assume and pay my own medical and emergency expenses in the event of an accident, illness or other capacity, regardless of whether I have authorized such expenses and that I am physically fit and sufficiently trained to participate in this race.

NAME (PLEASE PRINT)

SIGNATURE

SIGNATURE OF PARENT OR GUARDIAN IF UNDER 18

"PLEASE PLEASE PLEASE" CHECK TO MAKE SURE YOUR ENTRY FORM IS COMPLETED.