March of Dimes 5K Shamrock Run
Official Entry Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email Address: _____

Registrants receive a 2010 Shamrock Run T-shirt
(Size not guaranteed)

Sex: Male / Female Age:_____ D.O.B.___/___/___

Circle One: 5K/Fitness Walk Kiddie Run

Requested T-shirt Size: S M L XL XXL*

Registration Fee $25.00_____
if postmarked by Friday, Feb. 5th

$30.00_____
if postmarked by Wednesday Mar. 3rd

Late Registration begins March 4th $35.00 _____

*XXL Shirt +$ 2.00 _____

Additional March of Dimes Donation +$ _____

Total Enclosed $ _____

GENERAL RELEASE & HOLD HARMLESS AGREEMENT MUST BE READ & SIGNED BY ALL RACE PARTICIPANTS. In consideration of the acceptance of this entry, I waive any and all claims for myself or my heirs against official sponsors of the March of Dimes Shamrock Run for illness or injury which may result directly from my participation. I further state that I am in proper physical condition to participate in this event. We will be using the Champion Chip for accurate and timely scoring. All participants must wear the Champion Chip during the entire race. The chip must be returned at the finish line. I AGREE TO PAY A $30 PENALTY IF I FAIL TO RETURN THE CHAMPION CHIP LENT ME. I also understand that if I walk with a dog in the event, it must be on a leash and I am responsible for cleaning up after it. I also give permission for the use of my name and/or picture in any broadcast, telecast, or any other public account of the event.

_____

Signature (Parent or Guardian if under 18)

ALL ENTRY FEES ARE NON-REFUNDABLE.
Mailed forms must be postmarked no later than
Wednesday, March 3rd.
Please make checks payable to the March of Dimes

Mail registration form to:

March of Dimes Shamrock Run
6555 Abercorn Street, Ste. 104
Savannah, GA 31405
Phone: (912) 354-5900
sjadler@marchofdimes.com