

Print out this form, complete, **make check out to Tracy Whelchel** and mail to:

Tracy Whelchel
19865 Red Feather Rd
Apple Valley, CA 92307

Packet pick up is the night before, and/or day of the race.

NO DAY OF RACE REGISTRATION

| | |
|----------------|-----------------------|
| Marathon- | \$60.00 until Oct. 11 |
| | \$70.00 until Oct. 25 |
| | \$80.00 until Nov. 7 |
| Half-marathon- | \$50.00 until Oct. 11 |
| | \$60.00 until Oct. 25 |
| | \$70.00 until Nov. 7 |
| 10-Kilometer- | \$30.00 until Oct. 11 |
| | \$40.00 until Oct. 25 |
| | \$50.00 until Nov. 7 |

Name: _____

Address: _____

City: _____ State _____

Zip _____ Phone: _____

E-mail _____

Date of birth _____ age _____

Gender: M F Shirt size s m l xl

Waiver: In consideration of accepting this entry into the event I, the undersigned, do hereby for myself, my executors, and administrators, waive and release any and all rights and claims for damages I may have or acquire against the beneficiaries, organizers, employees, and federal, state, or local governments or private parties on whose property this event may take place, or any and all injuries suffered by the participant due to participation in this event.

Signature of participant: _____

Date: _____

****Parent or guardian must sign for participants under 18***under 16, parent must be present.**