

REGISTRATION FORM

Please print neatly.

Make checks payable to Monett Area YMCA.

NAME _____

M F Birthday / / Age

Address _____

City _____

State _____ Zip

Home Phone [] .

Work Phone [] .

Email _____

EVENT [Please check only one.]

5K 10K One Mile Walk

\$15.00 in advance \$5.00 [T-shirt not included]

\$20.00 race day

T-SHIRT SIZE [5K & 10K]

SM MD LG XL XXL

CHILD CARE

Yes, I will need child care for _____ number of children.

WAIVER

I acknowledge and represent that I am physically fit and sufficiently trained to participate in an event of this nature. I accept all and full responsibility for any injury or accident resulting from my participation in this event, including those which may be attributed to weather conditions. I release and hold harmless from any and all liability any Ozarks Regional YMCA branch, the City of Monett, and any or all race officials connected with this event, and all race sponsors.

Participant's Signature [parent, if under 18] _____ Date _____

Method of Payment [For office use only]

Cash Check MasterCard

Visa Discover AM Express

Cardholder _____

Card Number _____ Exp. Date _____

FOR OFFICE USE ONLY

Receipt# _____ Amount _____