Sal's Journey of Hope 5K Run/Walk 9/3/2016 Registration Form

First Name:			Last Name	e:		
Address:						Apt #:
City:			State:		Zip:	
Phone:			E-Mail:			
Location: A	nderson Park 2	300 North Te	xas Blvd., Alico	e, TX 78332		
Fees: The ro	egistration fee is	\$25 and will	include a race	t-shirt.		
*Online reg	istration closes {	8/26 * *To 1	receive a race o	lay shirt you m	ust register b	y 8/24**
Gender:	Male	Female				
Birthdate: _			_ Age on rac	e day:		
Shirt Size: _	S (Adult)	_M (Adult)	_L (Adult)	_XL (Adult)	_XXL (Adult)XXXL (Adult)
	_XS (Youth)	_S (Youth) _	_M (Youth) _	L (Youth)	☐ Paym	nent enclosed
Medals will be awarded to 1st, 2nd, 3rd place in all age group and all are welcome to attend our community awareness day after the race from 11 am – 1 pm.						
Sign up at: Get A Grip, GNC, Fit24 Gym or contact Elena at 361-396-7605 for more information.						
You can a	lso complete y	our registra	ation free on	line at give.ac	cco.org/sals	5k
I agree to abiderisks associated road; all such myself, my he arising from roperation and	de by any decision ed with this event, risks being known eirs, executors and my participation in trunning of this ev	of race officials including but no and appreciate administrators, this event, Hea ent. The unders	s relative to my a ot limited to; fall d by me in consi- waive and releas th Community, a igned also agrees	bility to safely cons, contact with other deration of the access and discharge found any and all spoors to release rights to	mplete the run oners, traffic, and ceptance of this or all claims and onsors and volute and allows the	ufficiently for this event. or walk. I assume all the conditions of the entry. I do hereby for d liabilities of any kind nteers connected with the ne use of any photographs there will be no refunds.
Signatura:					Data	



(Signature of parent or guardian if entrant is under 18 years of age.)

Operating under the 501(C)(3) of the

