

REGISTRANT INFORMATION

(Please Print)

Name:

Age:

Sex: M F

School:

Teacher:

Phone:

Email: (for confirmation)

T-shirt size

YXS

YS

YM

YL

YXL

AS

AM

AL

AXL

AXXL

AXXXL

How did you hear about the Spring Into Action 5k?

Family/Friend Sponsors Flyer Sally Kate Website Television/Radio Social Media _____

PAYMENT INFORMATION

(Non-Refundable)

1 Mile Fun Run - \$15 (\$20 Race Day)

5K - \$25 (\$30 Race Day)

Enclosed Total: _____

Cash Check

** For multiple entries, please complete registration for each individual and attach.

Waiver: In consideration of your acceptance of my registration for entry, I, myself and for anyone entitled to act on my behalf waive and release Sally Kate Winters Family Services, and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in these activities.

Signature _____
(Parent or Guardian if under 18)

Date _____

Make check payable to:
Sally Kate Winters Family Services

Mail to:
P.O. Box 1233
West Point, MS 39773

