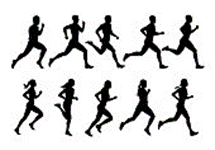
Graphical user interface, application, Word

Description automatically generated**HOLIDAY OF LIGHTS 5K CHALLENGE REGISTRATION**

BIB#

SIGNUP#

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Paid  Unpaid** | **Date: / /** | | **Staff Name:** | | | | | |
| **\*\* THE FIRST 100 TO REGISTER WILL GET AN EVENT T-SHIRT \*\*** | | | | | | | | |
| **Personal Information** | | | | | | | | |
| **Full Name:** | | | | | | | **DOB:** | |
| **Address: Apartment#** | | | | | | | **Male  Female** | |
| **City:** | **State:** | | | | | **Zip Code:** | | |
| **Home Phone #:** | | **Cell Phone #:** | | | | | | **Age:** |
| **Email:** | | | | | | | | |
| **T-Shirt Size (*Circle One*): S M L XL 2XL 3XL** | | | | | | | | |
| **Emergency Contact:** | | | | | | **Phone #:** | | |
| **Additional**  **Name:** | | | | | | | **DOB:** | |
| **T-Shirt Size (*Circle One*): YS YM AS AM AL AXL 2XL** | | | | **Male  Female** | | | | **Age:** |
| **Name:** | | | | | | | **DOB:** | |
| **T-Shirt Size (*Circle One*): YS YM AS AM AL AXL 2XL** | | | | **Male  Female** | | | | **Age:** |
| **Name:** | | | | | | | **DOB:** | |
| **T-Shirt Size (*Circle One*): YS YM AS AM AL AXL 2XL** | | | | **Male  Female** | | | | **Age:** |
| **Name:** | | | | | | | **DOB:** | |
| **T-Shirt Size (*Circle One*): YS YM AS AM AL AXL 2XL** | | | | **Male  Female** | | | | **Age:** |
| **Fees** | | | | | | | | |
| **Early Registration:** | **Adult (≥18): $20.00** | | | | | **Youth (≤17): $10.00** | | |
| **Race Day Registration:** | **Adult (≥18): $25.00** | | | | | **Youth (≤17): $15.00** | | |
| **Total Paid: $ MAKE CHECKS PAYABLE TO: CITY OF BLUEFIELD** | | | | | | | | |
| **Race Details** | | | | | | | | |
| The race will be held on **November 18th @ 5:30 p.m.** Race Day Registration and check-in will **start at 3:00 p.m.** at the Bluefield City Park in front of the tennis courts. Registration ends at 5:00pm. **For more information call (304) 325-5707.** | | | | | | | | |
| **Waiver** | | | | | | | | |
| In consideration of me and/or my minor child/children being permitted to participate in the Two Virginias 5K Challenge, I hereby waive, release, and discharge for myself, my heirs, executors, administrators, legal representative (including successors), any and all rights and/or claims that may be sustained by me directly or indirectly arising out of my participation in the Two Virginias 5K Challenge. I attest I am physically fit and have sufficiently trained for this event and I am aware that participating in the event could, in some circumstances, result in some physical soreness or injury. I also give permission for the free use of my name and picture in any broadcast/telecast/print accounts of the event. I understand that my paid entry fee is non-refundable. | | | | | | | | |
| Signature: | | | | | Date: | | | |



**703 College Avenue, Bluefield, WV 24701**

**Phone: (304) 325-5707 Fax: (304) 324-2995**

**www.cityofbluefield.com**