**HOLIDAY OF LIGHTS 5K CHALLENGE REGISTRATION**

BIB#

SIGNUP#

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| [ ]  **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**