

# Drew's Day 5k!



## 5K RUN/WALK

APRIL 28, 2007

ST. ALBANS

9:00AM

\$15.00 DOLLAR ENTRY FEE - PROCEEDS BENEFIT  
MOUNTAINEER SPINA BIFIDA CAMP

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

MALE: \_\_\_\_\_ FEMALE: \_\_\_\_\_ AGE: \_\_\_\_\_

EVENT: (circle)      RUN      WALK

SHIRT SIZE: (adult)      S      M      L      XL      Other: \_\_\_\_\_

(FIRST 100 RECEIVE T-SHIRTS; AWARDS FOR FIRST FINISHERS IN DIVISIONS)

WAIVER: In consideration of the acceptance of this entry, I waive for myself, my heirs, and assigns, all claims for damages which I might have against the race, its sponsors, or any other organization, business, or individual as a result of any and all injuries which might be received during the contest. I also release any photos that may involve myself.

\_\_\_\_\_  
SIGNATURE

(PARENT OR GUARDIAN, IF UNDER 18)

REGISTRATION WILL BEGIN AT 8:15. THE RUN/WALK BEGINS AT 9:00AM. -MEET AT THE LOOP IN ST. ALBANS

Make checks payable to : Mountaineer Spina Bifida Camp

Mail to: Alyssa Lawson c/o Bridgeview Elementary, 5100 Ohio st.

So. Charleston 25309