



Polka Dot Fun Run

Entry Form

Name: _____

Age: _____ Sex: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

T-Shirt Size: Med. Child

I have trained in a suitable manner for a 1 mile run, and will not hold the Havana Chamber of Commerce, the City of Havana, or any other individuals or groups liable for any accident which may occur at this event.

Date: _____ Parent Signature: _____

Cost: \$10.00

Make all checks payable to: **Havana Chamber of Commerce**

Mail Entry and Check to:

Mason District Hospital

Polka Pace Race

615 N. Promenade

P.O Box 530

Havana, IL 62644

For information contact Mason District Hospital

at (309)543-8159 or email a-smith@masondistricthospital.org

Due to construction on Main Street, the Start and Finish of the Polka Dot Race will be at the corner of Market and Plum Street.