**Please complete this form and attach your payment. Make checks payable to Independent Baptist Church. Send payment and form to:**

**Jennifer Reaugh**

**955 Blaire Road**

**Blairsville, Pa 15717**

**All registration forms must be accompanied by full payment to be accepted. Pre-register cost of $25.00 per runner or $70.00 per family and guaranteed a t-shirt if registered by August 3rd. Race Day cost of $30.00 per runner or $75.00 per family.**

Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MI\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_

Area Code\_\_\_\_\_\_\_\_ Telephone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Male\_\_\_ Female\_\_\_ Date of Birth\_\_\_\_\_\_ Race Day Age\_\_\_ Competitive Flight\_\_\_

Shirt Size\_\_\_\_\_\_\_\_\_\_\_ Adult S M L XL (Pre-registrants only)

Date\_\_\_\_\_\_\_\_ Cash\_\_\_\_\_\_\_\_ Check\_\_\_\_\_\_\_\_

On conditions of this form being accepted, I (intending to be legally bound for myself, my heirs and executors) do hereby waive and release all rights I may have against sponsors of this race, Independent Baptist Church, Shank Family Evangelistic Ministries and William Young (property owner) of any and all injuries I may sustain in this event. I will assume all risks and I am responsible for all expenses in the event of an accident or injury.

Participants Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Co-Signature (Parent or Legal Guardian if under 18)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_