

OFFICE USE ONLY

CASH BIB #

CHECK CHECK #

FLEET FEET SPORTS WOMEN'S 5K, 10K - OFFICIAL WEB ENTRY FORM

Entry fee payable by check or money order to: Fleet Feet Sports Women's 5K, 10K, 210 W. North Ave. Chicago, IL 60610

LAST NAME FIRST NAME M.I.

STREET ADDRESS/APARTMENT NUMBER

CITY STATE

ZIP CODE DATE OF BIRTH / / AGE (ON 7/31/05) DRI-FIT SINGLET SIZE - (CIRCLE ONE) S M L XL COLOR - (CIRCLE ONE) Blue Red

HOME TELEPHONE NUMBER WORK TELEPHONE NUMBER

EMAIL

13 ENTRY FEES: No Refunds, All mail-in entries must be received by 7/22/05.
(Each member of a team or group must fill out a separate application. Applications MUST be sent in together.)

FLEET FEET SPORTS WOMEN'S 5K, 10K	Individual Entry Fee	Team Entry Fee	TOTAL
Race Fee Until July 30, 2005	\$ 25.00	\$ 50.00	\$ _____
Race Day Registration July 31, 2005	\$ 30.00	\$ 60.00	\$ _____
Individual Categories			
<input type="checkbox"/> 5K Run/Walk <input type="checkbox"/> 10K Run/Walk			
Co-ed Kid's Race			
<input type="checkbox"/> Co-ed Kid's Race	\$ 10.00 Pre & Race Day		\$ _____
Categories - 5K			
<input type="checkbox"/> Mother & Daughter Team 5K	Mother's Name: _____ Daughter's Name: _____ (limited to 2)		\$ _____
<input type="checkbox"/> Sisters Team 5K	Sister #1: _____ Sister #2: _____ (limited to 2)		
Team Categories - 10K			
<input type="checkbox"/> Mother & Daughter Team 10K	Mother's Name: _____ Daughter's Name: _____ (limited to 2)		\$ _____
<input type="checkbox"/> Sisters Team 10K	Sister #1: _____ Sister #2: _____ (limited to 2)		
Total			Total \$ _____

14 **WAIVER**

In consideration of the foregoing, I, for myself, my heirs, executors, administrators, personal representatives, successors and assigns, waive and release any and all rights, claims, and causes of action I have or may have against Fleet Feet Sports and its affiliates, their agents, employees, officers, directors, successors and assigns, Fleet Feet Sports, the City of Chicago, the Chicago Park District, Chicago Area Runners Association and any and all sponsors, their representatives and successors, that may arise as a result of my participation in the Fleet Feet Women's 5K, 10K and any pre- and post-race activities. I attest and verify that I am physically fit and have sufficiently trained for the completion of this event and my physical condition has been verified by a licensed medical doctor. Further, I hereby grant full permission to any and all of the foregoing to use any photographs, motion pictures, recordings or any other record of this event for any legitimate purpose, including commercial advertising without monetary payment to me. For more information call race headquarters at (312) 587-3338. (This information is protected by the Privacy Act). Entry Forms may be photocopied.

Fleet Feet Sports Women's 5K, 10K - NO REFUNDS ON ANY REGISTRATIONS

X
SIGNATURE OF APPLICANT _____ DATE _____

X
SIGNATURE OF PARENT OR LEGAL GUARDIAN - FOR PARTICIPANTS UNDER 18 YEARS OLD _____