GENERAL REGISTRATION



13th Annual Run for a Safe Haven 5K Run/Walk & Kids Half Mile

INDIVIDUAL REGISTRATION FORM

Saturday, October 22, 2016 • Registration starts 8:00 AM William Land Park • Sacramento, CA

Registration also available online at www.runforasafehaven.com

Please pick up your Run Shirt and Pre-Race Packet on Friday, October 21, 2016 at: Fleet Feet, 2311 J St, Sacramento, CA 95816 Pick up Hours: 10:00 AM - 6:30 PM

__ Female Gender: __ Male Age:_____ (on race day) Date of Birth ____ **First Name** (please print clearly) **Last Name** Street Address Apt. Number City **State** Zip **Daytime Phone Evening Phone** Select Shirt Size* 5K Run/Walk (unisex t-shirt) *No t-shirt with standard **Email Address** registration Please check one of the following: You will be placed in the untimed run/walk if unchecked. _SM __M __L __XL NO CHANGING FROM UNTIMED TO TIMED ON RACE DAY. Questions? 916-930-0626 or info@my-sisters-house.org XXL**Kids Run Shirt 5K TIMED RUN 5K UNTIMED RUN/WALK** KIDS HALF MILE

Registration Entry Fees					
Received by October 15, 2016	Received after October 16, 2016 or on Race Day	Team Registration			
\$37 Adult 5K with dri-fit t-shirt	\$42 Adult 5K with dri-fit t-shirt	\$300 per team (minimum of 10)			
\$35 Adult 5K	\$40 Adult 5K	\$32 each with dri-fit t-shirt			
\$25 Youth 5K (Under 18) FREE dri-fit t-shirt \$10 Kids Half Mile (12 & under) FREE dri-fit t-shirt	\$30 Youth 5K (under 18) FREE dri-fit t-shirt \$15 Kids Half Mile (12 & under) FREE dri-fit t-shirt	\$30 each member Team Captain: Team Name:			
I would like to donate \$ for a domain to: 3053 Fig. Make check payable to "My Sister's House" and mail to: 3053 Fig. Charitable Tax ID: 68-0464114	Each Team Member must complete and sign an Individual Registration Form.				

WAIVER: In consideration of your accepting this entry, I, intending to be legally bound, do hereby for myself and my heir, executors, administrators waive and release, any and all rights and claims or damages I may accrue against the persons and organizations affiliated with the race for any and all injuries that may be suffered by me or enroute to and from the event. I attest that I am physically fit and sufficiently trained for this competition, my physical condition verified by a licensed M.D. during the last 6 months. As part of this waiver I acknowledge that I have read and understand the above.

Signature	Printed Name	Date

Parent/Guardian Signature for all participants under 18 Date

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Add	dress		City, State	Zip		
Tea	am Name (if applica	ble)				
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