



INDIVIDUAL REGISTRATION FORM

Saturday, October 26th, 2019 • Registration starts 8 AM
William Land Park • Village Green Area • Sacramento, CA

Registration also available online at www.runforasafehaven.com

Please pick up your Pre-Race Packet
on Friday, October 25, 2019 at:
Fleet Feet, 2311 J St, Sacramento, CA 95816
Pick up Hours: 10:00 AM - 6:30 PM

Gender: Male Female Preferred pronoun _____

Date of Birth (REQUIRED) _____

5K Run/Walk & Kids Half Mile

First Name (please print clearly) _____ Last Name _____

Street Address _____ Apt. Number _____

City _____ State _____ Zip _____

Daytime Phone _____ Evening Phone _____

*Email Address (REQUIRED) _____

Select Shirt Size*
5K Run/Walk (unisex t-shirt)
<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL
<input type="checkbox"/> XXL
Kids Run Shirt
<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L

Registration Entry Fees		
Received by October 18, 2019	Received after October 19, 2019 or on Race Day	Team Registration
<input type="checkbox"/> \$40 Adult 5K with t-shirt	<input type="checkbox"/> \$45 Adult 5K with t-shirt	<input type="checkbox"/> \$350 per team (team of 10) <input type="checkbox"/> \$35 for each additional team member Team Captain: _____ Team Name: _____
<input type="checkbox"/> \$25 Youth 5k with t-shirt (Under 18)	<input type="checkbox"/> \$30 Youth 5K with t-shirt	
<input type="checkbox"/> \$10 Kids Half Mile (12 & under) with t-shirt	<input type="checkbox"/> \$15 Kids Half Mile with t-shirt	
<input type="checkbox"/> I would like to donate \$_____ to help cover the registration fees for a survivor of domestic violence to participate in the Run For a Safe Haven. <input type="checkbox"/> I would like to donate \$4 to help defray the costs of producing this run.		Team cost includes t-shirts. Each Team Member must complete and sign an Individual Registration Form.
Total amount enclosed: \$ _____ Make check payable to "My Sister's House" and mail to: 3053 Freeport Blvd., #120, Sacramento, CA 95818. Charitable Tax ID: 68-0464114		

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 _____

ALL ENTRANTS MUST EACH HAVE A SIGNED ENTRY FORM.

Registrant Pledge Form - Thank you for fundraising on behalf of My Sister's House. Please complete this form so we can send appropriate acknowledgement to you and all pledge donors.

 First Name Last Name

 Age Phone

 Address City, State Zip

 Team Name (if applicable)

Total Funds Raised: \$ _____

To qualify for event recognition and award ceremony all pledges must be submitted to My Sister's House by Saturday, October 19, 2019. Please send to 3053 Freeport Blvd. #120, Sacramento, CA 95818.

Pledges

	Name	Address, State, Zip	Phone	Amount	Paid (y/n)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					