

Full Name: \_

## THE 4TH ANNUAL SAC FIT WELLNESS COALITION 5K RUN/WALK FUNDRAISER

Saturday, July 18th, 2020 at 8 am Stone Pier, Lake View, Iowa

## PARTICIPANT REGISTRATION FORM

MaleFemale	<u> </u>	Age on	race day:	
Mailing Address:				
City:		State:	Zip:	
Shirt Size: S M L	XL XXL			
<b>Event Information</b> : This 5	5K is a fundrai	iser to raise fund	s for future activities to pro	ovide families and
children with opportunities	s to lead healt	thy and active life	estyles. The route will start	and end at Stone Pier
and take you around beaut	iful Black Haw	vk Lake. Packet r	oick-up and sign in will be b	efore the 5K on
Saturday, July 18th from 7:	30am to 8am	at Stone Pier.		
Early bird registration is	\$20 until Jun	ie 29th and incl	udes a t-shirt. After June	29th, registration is
\$25 (Shirts not guarantee	ed for runner	's registered aft	er June 29th).	
Refreshments and snacks v	vill be availab	le at the event.		
Please mail completed re	gistration for	rm and check p	ayable to:	
Sac Fit				
RE: 5K	THAN	IK YOU FOR		Road <mark>ID</mark>
PO Box 250	WOULD	CHDDODTI	W	KUAUIU
Sac City IA 50583	YOUR	R SUPPORT!		
Waiver: I understand a ro	ad race is a po	otentially danger	ous sport and choose to par	rticipate at my own
risk. I assume any risks as a	a result of this	event, and relea	se the City of Lake View, Sa	c Fit Coalition, and
their sponsors of any liabil	ity as a result	of the Sac Fit Wε	ellness Coalition 5K. To the	best of my
knowledge, I am in adequa	te health to ta	ke part in the ev	ent safely and responsibly.	I have carefully read
the waiver, and by signing	below, agree t	to the terms and	conditions.	•
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Signature:			Date:	<del>_</del>
Office Use Only:				
Date Received:	_ Amount Pd:	Metho	d: CashCheck Nı	umber