Coalhurst 5K CINNAMON BUN RUN



Saturday Oct 14, 2023

Registration

Online: Enter online with Visa or Mastercard. Online entries will be charged a processing fee (\$1.50/adult & \$1/youth). Visit www.racepro.ca/coalhurst.

By Mail: Send completed entry form below and a cheque made payable to Friends of Coalhurst High School Society to: Box 978 Coalhurst AB, TOL 0VO.

First Name: ______ Last Name: ______ Last Name: ______

In Person: Return completed entry form with cash or cheque to the Town of Coalhurst office. E-transfer option is available upon request.

Confirm your entry by going to the following website: www.racepro.ca/coalhurst

Геаm Name:			
Address:			
City:	Province:	Postal Code:	Phone:
E-Mail:		Date of Birth:	Age on Race Day:
Female □ Male □ Individual Age Category: □ 20-29 □ 10 & under □ 20-29 □ 11-15 □ 30-39 □ 16-19 □ 40-49	□50-59 □60-69 □70+	Pick-up is Coalhurst race pack	RACE PACKAGE PICK UP k up your package on the race morning. available from 8:30 am to 9:45 am at the High School Anyone can pick up your age! Late registrations accepted until Cash or Cheque only!
			Sorry, no cancelations or refunds.
\$20.00 per adult \$10.00 per Children 17 & under \$50.00 per family (2 parents, 2 kids max) Kids in strollers free Payment with Visa or MasterCard must enter online with \$2 processing fee. Runners will all get to keep their runner bibs and chips. Medals will be given for 1 st and 2 nd place in each age category.			
this entry, I for myself and anyone against the Coalhurst High School, representatives, caused by neglige activities. I attest that I am physica	entitled to act on Friends of CES Soc ence of any of ther ally fit and have tra t of illness or injuri	my behalf, waive and release a ciety, Town of Coalhurst, race we rising out of my participating ained for completion of this eveices suffered by me during the eve	: 5K Family Fun Run. In consideration of accepting ny and all claims for injury or damages I have olunteers, sponsors, their agents and in this event, including the pre and post-race nt. I consent to receive any medical treatment, yent. I hereby authorize the release of any
Signature of entrant (parent or	guardian if ontr		2
Signature of entrant (parent or			
Vim at 402 220 7		or more information contact	: 102-202-0082 or iill@redwall ca