



108 E. Second Street • Rochester, MI 48307

248-656-8308

OFFICIAL ENTRY FORM

Please Print Clearly & Complete Form Entirely.

RARA 5K Trail Race - Run for the Planet Sunday, April 25, 10am start



NAME \_\_\_\_\_ PHONE \_\_\_\_\_ M/F \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

BIRTHDAY \_\_\_\_\_ AGE ON APRIL 25, 2010 \_\_\_\_\_ EMAIL \_\_\_\_\_

CHECK AGE GROUP:

T-SHIRT SIZE: Youth: L Adult: S M L XL XXL

12 & Under

(T-Shirt only guaranteed to those pre-registered by April 12, 2010)

13-17 YEARS

18-23 YEARS

24-29 YEARS

30-39 YEARS

40-49 YEARS

50-59 YEARS

60-69 YEARS

70+ YEARS

FAMILY REGISTRATION:		
NAME	BIRTH DATE	SHIRT SIZE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

FEE: \$15 if post-marked or in person at RARA by April 12, \$18 April 13-22, \$25 April 23 or race day registration. Section 4500

Family Fee (family of 4 or more, must include adults & children) \$50 if post-marked or in person at RARA by April 12, \$65 April 13-22, \$75 April 23 or race day registration. Section 4502

SEND FORMS & PAYMENT TO: RARA (checks payable to RARA), Attn: 5K 108 E. Second Street Rochester, MI 48307

Or Call RARA 248-656-8308 to register over the phone with a Visa, MC or Discover

RACE INFORMATION: 8:30-9:45 am Race Check-in at the parking lot on Letica & 2nd Street by the Trail Head. No parking available at check-in. Please park downtown. The 5K race starts at 10:00 am. The Awards ceremony will be held at Noon at the north end of the festival site, in the Party Tent east of the Rochester Mills Building, 400 Water St. Course: Trails, Park, and Streets.

LIABILITY WAIVER

I understand the physical demands of the activity and I release any and all rights or claims for damages against the ROCHESTER AVON RECREATION AUTHORITY, the ROCHESTER COMMUNITY SCHOOLS, the CITY OF ROCHESTER, the CITY OF ROCHESTER HILLS, and all individuals assisting in the race for any and all injuries, loss or damage suffered by myself or the participant at or in any way connected with these injuries.

Scoring chips will be used for the race and I understand that if I do not return the scoring chip, I will be charged \$25.

Signature of participant or parent \_\_\_\_\_ Date \_\_\_\_\_

#4500 or Family #4502 Date: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Staff Initials: \_\_\_\_\_ Race #: \_\_\_\_\_