

The Medical Center 2010 10K Classic Entry Form

Last Name *[Please print legibly. Use ink pen. Thank you.]*

First Name

Age

Address

on 10/23/10

City

State

Zip

Phone (Daytime)

Gender *[Check one]*

T-Shirt Size *[Check one]*

Male

Female

Sm

Med

Lrg

XL

XXL

Email Address

Date of Birth

EVENT *[Check one]*

- 10K Run
- 5K Run/Walk
- 1.5 Mile Fun Walk
- 10K Wheelchair Race

Make all checks payable and mail to:

The Medical Center
10K Classic
P.O. Box 1175
Bowling Green, KY 42102

You may also register online at:
www.themedicalcenter10Kclassic.com

For Official Use Only

ENTRY FEES

	If Registered by 9/24/10	If Registered from 9/25/10 – 10/21/10	If Registered after 10/21/10	Subtotal
Individual	\$30	\$35	\$40	\$
Family*	\$70	\$90	\$110	\$

*For Family: Mother, Father and Children (ages 6 to 18). One entry per person. All entries must be submitted together and all must reside at same address.

	Qty-Adults (13+)	Qty-Child (6-12)	Subtotal
Additional Pasta Party Tickets	@\$5	@\$3	\$

If you are a resident of Warren County, Kentucky please check this box at right. *(For special first place Male & Female Finishers, Warren County, KY)*

TOTAL DUE

METHOD OF PAYMENT

Cash Check Credit Card

Credit Card Security Code

Credit Card # (MasterCard, Visa or Discover)

Exp (Month/Year)

Name on Credit Card

I hereby waive all claims for myself, my heirs and executors against The Medical Center 10K Classic, its sponsors, agents and employees for any claims and liabilities which may result from my participation. I assume all risks associated with participating in The Medical Center 10K Classic including, but not limited to, falls, contact with other participants, the effects of the weather and conditions of the road, all such risks being known and appreciated to me. I further state that I am physically able to complete my registered event. **I understand that the race course closes at 10:00 a.m. and if I have not completed my event at that time, I must move to the sidewalk.** I also grant full permission to use any photographs, video recording or any other record of this event. I also understand that The Medical Center 10K Classic will take place rain or shine and my entry fee is not refundable.

Participant's Signature

Parent or Guardian Signature (if participant is under 18)