In Person Bulk Entry

School: _____

Contact name: _____

Address: _____

Phone: _____ Postal Code: _____

**Bib #'s and Race Kits will not be distributed until full payments and signed waivers are received **

	Race (F, H, 10k, SR)	Bib #	Runner Name	Age	Sex		Race (F, H, 10k, SR)	Bib#	Runner Name	Age	Sex
1						16					
2						17					
3						18					
4						19					
5						20					
6						21					
7						22					
8						23					
9						24					
10						25					
11						26					
12						27					
13						28					
14						29					
15						30					

Adult Marathon ($110.00)		Adult Half ($99.00)	Youth Half ($99.00)	Adult 10k ($60.00)	Youth10k ($40.00)	Adult Super Run ($45.00)	Youth Super Run ($30.00)	**Grand Total**
# ____ $_____		# ____ $_____	# ____ $_____	# ____ $_____	# ____ $_____	# ____ $_____	# ____ $_____	# ____ $_____

OFFICE USE:

DATE PROCESSED:_____

PROCESSED BY: _____