

# 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										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
<b>Grand Total:</b>										

Adult Marathon (\$110.00)	Adult Half (\$99.00)	Adult 10K (\$60.00)	Youth10k (\$40.00)	Adult Super Run (\$45.00)	Youth Super Run (\$30.00)
# _____	# _____	# _____	# _____	# _____	# _____
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

**OFFICE USE:**  
 DATE PROCESSED: \_\_\_\_\_  
 PROCESSED BY: \_\_\_\_\_