Virtual 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 ($85.00)	Adult Half ($75.00)	Adult 10k ($47.00)	Youth10k ($27.00)	Adult Super Run ($35.00)	Youth Super Run ($25.00)
# _____ $_____	# _____ $_____	# _____ $_____	# _____ $_____	# _____ $_____	# _____ $_____

Grand Total:

_____

$_____

OFFICE USE:

DATE PROCESSED: _____

PROCESSED BY: _____