

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										
Grand Total:										

Adult Marathon (\$120.00)	Adult Half (\$110.00)	Adult 10K (\$65.00)	Youth10K (\$45.00)	Adult Super Run (\$50.00)	Youth Super Run (\$30.00)
# _____ \$ _____	# _____ \$ _____	# _____ \$ _____	# _____ \$ _____	# _____ \$ _____	# _____ \$ _____

# _____ \$ _____	# _____ \$ _____	# _____ \$ _____	# _____ \$ _____	# _____ \$ _____	# _____ \$ _____
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Grand Total:
_____ \$ _____

OFFICE USE:
DATE PROCESSED: _____
PROCESSED BY: _____