registration

2019 MONTANA WOMEN'S RUN

SAVE $$
Register on-line at www.womensrun.org

(This box for office use only)

One participant per form. Photocopies are accepted. Please DO NOT staple or tape entry form.
PLEASE MAKE COPIES ON WHITE PAPER AND COMPLETE FOR EACH ADDITIONAL PARTICIPANT.
INCOMPLETE, ILLEGIBLE, OR LATE REGISTRATIONS MAY NOT BE TIMED.

Last Name _____ First Name _____

Distance: (please check **one** distance) **5 MILE:** ☐ **2 MILE:** ☐

☐ **corral #1:** must be able to run at least a 10 minute mile. (complete the course in 20 minutes or less)

☐ **corral #2:** for participants who will reach the finish line in over 20 minutes

Mailing Address _____ Age on May *11* _____ Gender ☐F ☐M

City _____ State _____ Zip Code _____ Birth date: ____ / ____ / ____

Phone Number _____ e-mail address: _____

T-SHIRT SIZE/Circle **Size not guaranteed for entries after April 2*4*.**

Adults: S M L XL XXL ($2 extra) Children: YM YL NO SHIRT

*(Default Size: L) (Remember to pick up your t-shirt & packet at the Women's Run Headquarters, **213 N. 29th St**., May 8-10.)*

See hours under T-shirt & Packet Pick-up at: womensrun.org

AGE GROUP (please check one)

_____ *8 & Under	_____ 25-29	_____ 50-54	_____ 75-79
_____ 9-12	_____ 30-34	_____ 55-59	_____ 80-84
_____ 13-15	_____ 35-39	_____ 60-64	_____ 85-89
_____ 16-19	_____ 40-44	_____ 65-69	_____ 90 &over
_____ 20-24	_____ 45-49	_____ 70-74	

Please check if entrant is in an aided wheelchair ☐

Please check if entrant is in an unaided wheelchair ☐

***Please check if entrant is in stroller** ☐

Please check here to volunteer ☐

***SAVE!* *Register on-line at:* www.womensrun.org**

ENTRY FEE: (non-refundable)
$30 Adults & Children (Add $2 for XXL) ..... _____

KICK-OFF DINNER FEE: How many? _____
$10 Per person *(adults & children)* Paid Registration by 5:00 pm Wednesday, May *8 (limited seating available)* _____

MASSAGE: How many? _____ *(limited to two massages)*
Each 10 minutes, $6 ..... _____

(Optional)

- **I would like to donate an additional $2, $5, or other amount for local women's services ...** _____
- **Donation for the Fitness Fund .....** _____

TOTAL: _____

WAIVER: In consideration of the foregoing, I for myself, my executors, administrators and assigns, do hereby release and discharge any and all rights and claims for damages of whatever nature, incurred before, during and after the race held May 1*1*, 20*19*, against USA Track & Field and Montana USA Track & Field, the officials and sponsors of the Montana Women's Run, Billings Clinic, City of Billings, ExxonMobil, 1st Interstate Bank, KTVQ, Planet 106.7, RRCA, and their respective board members, volunteers, and participating groups. I attest and verify that I am physically fit and have sufficiently trained for this event. I also understand and agree that any sponsor may subsequently use for publicity my name and/or pictures of my participating in this event with no obligation or liability to me.

PLEASE COMBINE ALL FEES & OPTIONAL DONATION(S) AND MAIL TO:
Montana Women's Run
P.O. Box 2530
Billings, Montana 59103
Phone: 406-255-8488
***Make checks payable to:* Montana Women's Run**
Allow at least three days for processing.

Signature _____ Date _____

Required for all participants. Parent or guardian must sign for minors.

For office use only:

CK# _____ ***CA*** _____ ***Postmark*** _____

Did you sign the waiver? **Mark T-shirt size?** **Check race distance?** **Affix postage?**