2017 MONTANA WOMEN’S RUN

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: 5 MILE: ☐ 2 MILE: ☐

(please check one distance)

Mailing Address: ___________________________

City: ___________________________ State: __________ Zip Code: __________

Phone Number: ___________________________ e-mail address: ___________________________

T-SHIRT SIZE/Circle: ___________________________

(Use T-shirt size/Circle if you are ordering a T-shirt. Size not guaranteed for entries after April 26.

(Default Size: L) (Remember to pick up your t-shirt & packet at the Women’s Run Headquarters, 213 N. 29th St., May 2-6.)

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

AGE GROUP (please check one)

* 8 & Under ☐ 9-12 ☐ 13-15 ☐ 16-19 ☐ 20-24 ☐

  25-29 ☐ 30-34 ☐ 35-39 ☐ 40-44 ☐ 45-49 ☐ 50-54 ☐ 55-59 ☐ 60-64 ☐ 65-69 ☐ 70-74 ☐ 75-79 ☐ 80-84 ☐ 85-89 ☐ 90 & over ☐

Please check if entrant is in an aided wheelchair ☐

Please check if entrant is in an unaided wheelchair ☐

* Please check if entrant is in a stroller ☐

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 13, 2017, 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.

Signature: ___________________________ Date: __________

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

Do you sign the waiver? ☐ Mark T-shirt size? ☐ Check race distance? ☐ Affix postage? ☐

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 10 (limited seating available) _________

MASSAGE: How many? _________ (limited to two massages)

Each 10 minutes, $6 ..............

* I would like to donate an additional $2, $5, or other amount for local women’s services...

* Donation for the Fitness Fund

TOTAL: __________

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.

For office use only:

CK# ______ CA ______ Postmark ______

SAVE $$

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