



registration

2017 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: **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 13 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 26.
Adults: S M L XL XXL (\$2 extra) Children: YM YL
(Default Size: L) (Remember to pick up your t-shirt & packet at the
Women's Run Headquarters, 213 N. 29th St., May 8-12.)



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

AGE GROUP (please check one)

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

Please check if entrant is in an aided wheelchair
Please check if entrant is in an unaided wheelchair Please check here to volunteer
*Please check if entrant is in 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.

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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)... _____

MESSAGE: 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: _____

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 _____

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