November 13, 2010
Registration Opens at 9am

Make Checks Payable to:

SCVMP

Send To:
SCVMP
P.O. BOX 1382
SAGINAW, MI. 48605

Saginaw Veterans Memorial Plaza
Annual Veterans Day Run

RACE STARTS AT THE PLAZA AT 10AM
1574 S. WASHINGTON AVE.

☐ **5k Run $25.00** ☐ **5k Walk $25.00**

First Name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Last Name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Birth Date:_____ **Age:** (ON DAY OF RACE) ____ ☐ **M** ☐ **F**

Street Address: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

City: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ **State:** ☐☐☐ **Zip:** ☐☐☐☐☐

Phone (Cell or Home): _____

Email: _____

Shirt Size: ☐ **S** ☐ **M** ☐ **L** ☐ **XL** IF YOU DO NOT SPECIFY A SHIRT SIZE, A "LARGE" WILL BE ORDERED FOR YOU

Waiver: Please Accept My Entry For The Veterans Memorial Plaza Run. I State That I Am Physically Fit For This Event.I Am Participating At My Own Risk And Waive All Claims Of Every Nature, Including But Not Limited To Falls, Contact With Other Participants/ Volunteers/ or Any Other Persons, The Effects of Weather, Traffic, Road Conditions And All Such Risks Being Known And Appreciated By Me. Having Read This Waiver And Knowing These Facts For Myself and Anyone Entitled To Act On My Behalf (Including My Family), I Waive And Release All Race Organizers, All Sponsors And Their Representatives, The City Of Saginaw, Saginaw County Veterans Memorial Plaza Inc., And All Race Volunteers.

Signature:_____ **Date:**_____

(Parent/Guaradian Signature Required if Participant is Under 18)

ALL PROCEEDS TO SAGINAW COUNTY VETERANS MEMORIAL PLAZA INC.