

WCSC Women Race Registration Form (Race#_____)

First Name _____

Last Name _____

Mailing Address _____

City, State, Zip _____

Phone _____

Email _____

Name of School, Team or Organization (one only):

Age Category (please check one) DOB ___/___/___

<input type="checkbox"/> 8 & Under	<input type="checkbox"/> 18-20	<input type="checkbox"/> 40-49	<input type="checkbox"/> 70-79
<input type="checkbox"/> 9-13	<input type="checkbox"/> 21-29	<input type="checkbox"/> 50-59	<input type="checkbox"/> 80 & up
<input type="checkbox"/> 14-17	<input type="checkbox"/> 30-39	<input type="checkbox"/> 60-69	

Entry Fee with T-shirt: _____ **T-shirt size:** _____

\$20 (Advance) \$25 (Race Day)

Entry Fee without T-shirt 13 yrs & under: _____ **\$1**

I'd like to sponsor a runner: _____ **\$20**

T-shirt only: _____ **\$20**

In consideration of my accepting this entry, I, the undersigned waive and release any and all rights and claims for damages I may have against The V.I. Pace Runners and the Women's Coalition of St. Croix, including members, sponsors and volunteers.

I attest and verify that I am physically fit to enter this event of approximately 2 miles in high heat and humidity, and a licensed medical doctor has verified my physical condition. I also grant permission for my image to be used for photographs, video tapes or other recordings of this event for any legitimate purpose.

Runner's Signature

Date

Parent Signature (if runner is under 18 years of age)