

Entry form must be complete and legible !
Please print ! Don't forget to sign!

Grace Race

220 North Tower Road
Carbondale, Illinois 62901

Make checks payable to:
Grace United Methodist Church
No refunds

name **phone number**

address

city, state, zip code **e-mail address**

- | | | | |
|---------------------------------|-----------|--|----------------------------------|
| <input type="checkbox"/> Male | _____ Age | <input type="checkbox"/> 5K Run | <input type="checkbox"/> Small |
| <input type="checkbox"/> Female | | <input type="checkbox"/> 5K Walk | <input type="checkbox"/> Med |
| | | <input type="checkbox"/> 1 Mile Fun Run/Walk | <input type="checkbox"/> Large |
| | | | <input type="checkbox"/> X-Large |

T-Shirt

RELEASE: In consideration of the foregoing, I, for myself and my executors, do hereby release and discharge Grace United Methodist Church and other sponsors of the Grace Race for all claims in said event. I attest and verify that I am physically fit to compete in this event.

Signature of entrant or parent/guardian if entrant is under 18 years of age. **Date**