



2017 Baltimore Road Race in Park Heights

July 29th 2017



RACE ENTRY FORM

PLEASE PRINT CLEARLY:

Last Name: _____

First Name: _____

Date of Birth: _____ Age: _____ Sex (circle): M F

Address: _____

City: _____ State: _____ Zip: _____

Phone(s): _____

Email: _____ Fax: _____

FEE SCHEDULE
\$35 for 5K if postmarked before July 24
\$40 for 5K if postmarked after July 24
\$20 for children under 12
Youth Fun Run is FREE!

Youth Fun Run Starts at 7:45 a.m.
5K Starts at 8 a.m.

Mail completed entry form and check or money order to:
PHCHA
4151 Park Heights Ave.
Baltimore, MD 21215

ONLINE REGISTRATION AVAILABLE
www.phcha.org

PACKET PICKUP
July 28
12:00 — 6:00 pm
Falls Road Running Store
6247 Falls Road
Baltimore, MD 21209

RACE DAY REGISTRATION AND PACKET PICKUP
6:45 — 7:40 am

Sorry, NO REFUNDS will be granted.

Photocopied forms accepted.

EVENT:

Smith Family 5K Run

Choose ONLY ONE; separate entry form required for each event

Walter's Walk

Healthy Start/Smart Steps-Youth Fun Run

T-SHIRT SIZE:

Adult: S M L XL

Method of Payment (U.S. funds drawn from U.S. banks ONLY):

Personal Check Organization Check Credit Card **Total Payment: \$** _____

Credit Card Number: _____ Circle One: Visa Mastercard Discover

Cardholder Name: _____ Exp. Date: _____

Cardholder Signature: _____

WAIVER (MUST BE SIGNED):

WAIVER : I understand that running and/or walking a road race is a potentially hazardous activity, and that I should not enter unless I am medically able and properly trained. I assume all risks associated with participating in this event. Having read and understood this waiver and submitted my non-refundable entry fee, I, for myself and anyone entitled to act on my behalf, waive and release the City of Baltimore, **Park Heights Community Health Alliance**, and all sponsors, their representatives and successors, for all claims or liabilities of any kind arising out of my participation in this event.

Entrant Signature Date

Signature of Parent/Guardian (if entrant is under the age of 18) Date

PHCHA Use Only

P/C Check #: _____ Amount: \$ _____ A/C: _____ / _____

Approval #: _____ Date Entered: _____ Initials: _____



Park Heights Community Health Alliance
WellnessHealthEnvironmentalismService