



# Runner Registration Form April 16, 2016



Runners Agree To Participate  
At Their Own Risk

Print Plainly (All blanks Must be filled in)

Name \_\_\_\_\_

Age \_\_\_\_\_

Address \_\_\_\_\_

Male \_\_\_ Female \_\_\_

City \_\_\_\_\_ St \_\_\_ Zip \_\_\_\_\_

Shirt Size \_\_\_\_\_

Phone \_\_\_\_\_

YS YL AS AM AL AXL AXXL  
Large will be ordered if not listed

Event (pick one)

_____ Blairsville 5K Race	Registration Fee	\$15
_____ Blairsville 5K Walk	Registration Fee	\$10
_____ Blairsville 1-Mile Walk	Registration Fee	\$10

Choose one of the following

\_\_\_\_\_ I am registering on or before April 10, 2016 and will pick up the shirt at the race.  
(Form must be received by April 10)

\_\_\_\_\_ I am registering after April 10 and will pick up my shirt two weeks after the race.  
Phone number to call \_\_\_\_\_

\_\_\_\_\_ I am registering after April 10 and need the shirt mailed. I will pay \$5 for postage.  
Shirt will be mailed to address on form.

Amount enclosed: \$ \_\_\_\_\_

Make checks payable to: Blairsville Run

Mail form to: Blairsville Run. POBox 2814, Blairsville, Georgia 30514

Contact Race Director Norm Cooper at blairsvillerun@outlook.com or 706-781-9401

Event takes place in any weather - No Refunds

Your information will not be given or sold or shared with any other organization or people.