## Registration Form - Oktoberfest Road Race

| Event: 10k Rui   | n  | 5k/10k Fee:   | \$25 registration (until May 31)   |   |   |
|--|--|---|--|---|---|
| Event: 5k Run/Walk   |  | \$32 registration (June 1-Sept 12)  |  |   | ot 12)  |
| Event: Half Marathon   |  | \$35 registration (Sept 13-Day of Race)   |  |   | ay of Race)   |
|  |  |   |  |   |   |
|  |  | Half Marathon l   | •  | ation (until May  | *   |
|  |  |   | •  | ation (June 1-Jul   |   |
|  |  |   | •  | ration (Aug 1- Se   | •   |
|  |  |   | \$80 registr   | ration (Sept 13-D   | Pay of Race)  |
|  |  |   |  |   |   |
|  |  |   |  |   |   |
| Technical T-Shirt:   | 51/101/ add \$11   | .00 for SM-XL,  | \$12 for VVI V   | VVI   |   |
| Technical 1-Shift.   |  |   | \$12 IOI AAL-A   | AAL   |   |
|  | Half Marathon  | shirt included  |  |   |   |
|  | Size   | s: Unisex-  | SM MD  | LG XL XX  | XL XXXL   |
|  |  | Women's -   | SM MD  | LG XL X   | XL  |
|  |  | Women's   | SIVI IVID  | LO AL A   | AL  |
| German Felt Hat: (a  | dd \$10) Med   | ium (7 - 7 1/8)   | Large (7 1/4 –   | 7 3/8) Extra  | Large (7 1/2 - 7 5/8)   |
| `  | ,  | ,   |  | ,   |   |
| Please Print Clearly:  |  |   |  |   |   |
| NAME   |  |   |  |   |   |
| ADDRESS  |  |   |  |   |   |
| CITY   |  |   |  | PHONE (   | ) -   |
| EMAIL  |  |   |  | \   | / <del></del>   |
| BIRTHDATE:   |  |   |  | ——<br>СЕМПЕР МЛ   | 7•  |
| DIKTHDATE  |  | AGE on race ua  | <b>y</b>   | GENDER WI/I   | · ·   |
| damages against any of the city<br>employees or agents of such for<br>involved in this race, that I asso | y of Mount Angel, Marion all claims, demands, acume those risks, that I was fit and sufficiently train | on County, Oktoberfest, letions, or causes incident<br>ill assume and pay my or<br>ned to participate in this | inc. Race Northwest, C<br>to my event participa<br>wn medical and emerg<br>race, that my entry fee | DDOT, all sponsors and<br>tion. I attest and verify tency expenses in the ev-<br>is non-refundable, and | discharge any and all rights, claims or directors, advertisers, volunteers, that I have full knowledge of the risks ent of an accident, illness or other that I have read and understand this int for any legitimate purpose. |
| Signature:   |  |   | (Parent, if  | under age 18) I   | Oate:   |
| Make payable to: Ok  | ktoberfest Road F  | Race  |  |   |   |
| Mail to:   | Race Northwes  |   |  |   |   |
|  | PO Box 741   |   |  |   |   |
|  | Mt. Angel, OR  | 97362   |  |   |   |
|  |  |   |  |   |   |
|  |  |   |  |   |   |
|  |  |   |  |   |   |