

Nov. 3, 2007 Butch Cassidy Race Registration Form

PO Box 187, Springdale, UT 84767-0331 (435) 772-3434 fax (435) 772-3952

www.springdaletown.com/butch_cassidy.html

Use ONE FORM per REGISTRANT

Please type or print clearly and COMPLETELY

Name: _____ / /

Date of Birth: MM DD YY

Mailing Address: Street or PO Box City State Zip

E-Mail Address: _____ Phone: _____

Race (Check One): 10 K Run
 5 K Walk 5 K Fun Run/Walk (Age 10 and Under)

Adult T-Shirt Size: (Circle Size)

S M L XL XXL* (*\$2 extra for XXL)

Youth T-Shirt Size: (Circle Size)

S M L

Division & Age Bracket: Male Female

10 & Under

30-34

55-59

11-14

35-39

60-64

15-18

40-44

65-69

19-24

45-49

70+

25-29

50-54

Registration Fee: Before 10/26/07: \$20 10/27 to 11/2/07: \$30 Day of Race: \$40

Children 10 and under: \$10 (Winners bring \$5 if you would like your medal engraved.)

Race is limited to 400 competitors. Make checks payable to the Town of

Springdale and send them to: Town of Springdale, PO Box 187, Springdale UT 84767-0187 (No refunds after 10/26/07)

I, _____, do hereby for myself and my heirs release and
(Name of participant – OR – parent/guardian if child under 18)

discharge the State of Utah, the UT Department of Transportation, the UT Transportation Commission, the UT Highway Patrol, Utah State Parks and Recreation, the Town of Springdale, the Town of Rockville, the Zion Canyon Visitors Bureau and their officers, agents, assignees, and employees from all claims, demands, and causes of action of every kind whatsoever for any damages and/or injuries which may result from my participation or the participation of my child, _____, in the Butch Cassidy 10K Run/5K Run/Walk.

(Child's Name)

Signature: _____ Participant or Parent/Guardian

Office use only:

BIB # _____

VOLUNTEER: YES

Method of payment (Check one): Check Cash Amount enclosed \$ _____

Race results available after event at runnercard.com

