

# Nov. 7, 2009 Butch Cassidy Race Registration Form

PO Box 187, Springdale, UT 84767 (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 information will be sent by email prior to race

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

Men's Adult T-Shirt Size: (Circle Size) \_\_\_\_\_ Women's Adult T-Shirt Size: (Circle Size) \_\_\_\_\_  
S M L XL XXL S M L XL XXL

Youth T-Shirt Size: (Circle Size) \_\_\_\_\_ Please note extra T-shirts not available  
S M L for exchange. Please choose size wisely.

Division & Age Bracket:  Male  Female

<input type="checkbox"/> 10 & Under	<input type="checkbox"/> 30-34	<input type="checkbox"/> 55-59
<input type="checkbox"/> 11-14	<input type="checkbox"/> 35-39	<input type="checkbox"/> 60-64
<input type="checkbox"/> 15-19	<input type="checkbox"/> 40-44	<input type="checkbox"/> 65-69
<input type="checkbox"/> 20-24	<input type="checkbox"/> 45-49	<input type="checkbox"/> 70+
<input type="checkbox"/> 25-29	<input type="checkbox"/> 50-54	

Registration Fee: Adults: Before 10/23/09 – \$20; 10/24 to 11/06/09 – \$30  
Children 10 & under: \$10

**No Race Day Registration – 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 (No refunds after 10/23/09)

I, \_\_\_\_\_, (name of participant or parent/guardian if child under 18) do hereby for myself and my heirs release and 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, \_\_\_\_\_ (child name if under 18), in the Butch Cassidy Race.

Signature: \_\_\_\_\_ (Participant or Parent/Guardian)

## Office use only:

BIB # \_\_\_\_\_

Date Registration Received \_\_\_\_\_

Method of payment:  Check # \_\_\_\_\_  Cash  
 Online payment

Total Amount enclosed \$ \_\_\_\_\_