



REGISTRATION TIME: 7:30AM | 5K RUN/WALK: 8:00AM

SATURDAY OCTOBER 20, 2018

STARKVILLE CITY HALL 110 W. MAIN ST.

Registration Form

Name: _____ Age: _____ Sex: _____
Address: _____ City: _____
State: _____ MS: _____ ZIP: _____ Email: _____

Please Wear Pink or a Costume

Registration fee: **5K Run/Walk** ----- **\$25.00**

Make checks payable to: Starkville Fire Department

Waiver: In consideration of acceptance of this entry form, I waive any and all claims for myself and my heirs against any officials or sponsors of the Pink Heals 5K Run due to illness or injury which may directly or indirectly result from my participation in this event. I further state that I am in proper physical condition to participate in this event.

Signature (Parent or Guardian if under 18)

Date