

Entry form:

Name: _____ Male/Female_____

Address:_____

City:_____ Zip code:_____

Phone:_____ DOB:_____

Age Group (please check): 14 & under: _____

15-19:_____ 20-29:_____ 30-39:_____

40-49:_____ 50 & Over: _____

T-shirt (please check appropriate size):

Adult: Small:____ Medium:____ Large:____ Xlarge:____

For 2XL or larger, please indicate size and include additional \$2/shirt:_____

Kids: Small (6-8)____ Medium(10-12)____ Large (14-16):_____

Please make checks to Earlville Community Club 5K.
Send forms to Gerene Gibbs, 123 Park St., Earlville, Iowa 52041.

Waiver: I do hereby waive and release any and all rights and claims for damages I have against the Earlville Community Club, all participating sponsors and supporters, in any manner arising or growing out of my participation in the Firework 5-K. I attest and verify that I am physically fit and have sufficiently trained for completion of this event and my physical condition has been verified by a licensed medical doctor." Signature (parent if under 18):_____ "