



Junior Civitan International Race for Research May 22, 2010 Jacksonville, Florida

Race Application

Name: _____ Phone: (____)-____-_____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Date of Birth: ____/____/____ Sex: _____ T-Shirt Size: _____
I will be participating in: ____ 5K Run ____ 5K Walk

Method of Payment

Application must be RECEIVED BY May 21, 2010. Electronic applications must be e-mailed to Jean@FloridaJuniorCivitan.org. Electronic applications MUST use the Paypal payment method. If paying by check, please type or print legibly this application and mail to:

Race for Research
ATTN: Mrs. Jean Smith, Registrar
12369 Gately Ridge Court
Jacksonville, Florida 32225

Method I am choosing:

Electronic Application and PayPal payment method (e-mail on application must match PayPal account e-mail)
PayPal Confirmation Number: _____
 Paper Application and Check (#_____) payment method
Please make checks payable to: Civitan International

General Information

Location: Sandalwood High School
2750 John Prom Boulevard
Jacksonville, FL 32246

5K Cross Country Course

Race Day Registration: 7:15 am – 7:45 am

Applicants registered by May 11, 2010 are guaranteed a t-shirt on race day. Applicants received after this date will receive a t-shirt as long as the supply is available.

Registration Fees: \$20.00

Children 12 & under: \$10.00

I waive any and all claims for myself, my heirs, and assigns, against the Race for Research, all race co-sponsors, Sandalwood High School, the Duval County School Board of Education, the City of Jacksonville, Junior Civitan International, and Florida District Junior Civitan, and any subsidiary or political subdivision thereof, its or their representatives, successors, and assigns for injury or loss which may directly or indirectly result from my participation in this event. I further state that I am in proper physical condition and have trained for completion of this event. Further, I hereby grant full permission to any and all of the foregoing to use any photographs, videotapes, motion pictures, recording or any other records of this event for any purpose whatsoever.

Signature: _____ Age: _____ Date: ____/____/____
Signature of Parent/Guardian (if under 18): _____