

REGISTRATION FORM

Fill out this form and mail with entry form, bring it in or mail it to the Clay County Y.

FIRECRACKER 5K June 29, 2019

FIRECRACKER 5K WALK/RUN
ENTRY FORM

Make checks payable to: Clay County
YMCA. Return to Clay County YMCA
225 E. Kruzan, Brazil, IN 47834

NAME _____

Sex M/F

Shirt Size Adult S M L XL XXL XXXL
Youth S M L

Address _____

City _____

State _____ Zip _____

Age on Race Day _____

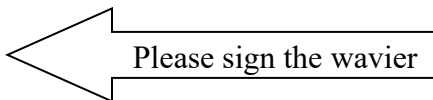
Date of Birth _____

Signature _____

(Parent/Guardian signature if participant
is under 18 years of age)

E-mail: _____

Phone: _____



YMCAs of the Wabash Valley
225 E Kruzan St.
Brazil, IN 47834



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

GO THE EXTRA MILE

Riddell National Bank 3 Race Series



Firecracker 5K Run/Walk

June 29th, 2019

Firecracker 5K Run/Walk
Brazil, IN

June 29, 2019

PROCEEDS:

All proceeds will go towards the betterment of the Clay County YMCA.

SPECIAL THANKS

The YMCA would like to thank title sponsor Riddell National Bank.

We would also like to thank Britt Aero, three race series sponsor.



Today's Banking, Yesterday's Values.



THREE RACE SERIES

- Firecracker 5K, June 29
- Turkey Trot, Thanksgiving Day
- Heart Throb 5k, February 2020

RACE TIME—June 29, 2019

5K (3.1 miles) 8:00 AM

START & FINISH

The race will begin and end at the YMCA.

REGISTRATION

Early entry before June 15th: \$20.00

Late entry after June 15th: \$25.00

Entry fee must be paid at the time of registration.

Make checks payable to:

Clay County YMCA

225 E. Kruzan

Brazil, IN 47834

PICK-UP

T-shirts and race numbers, and chips for all runners may be picked up the day of the race between 6:45-7:45 AM. Limited T-shirts to late registrants.

AWARDS

Awards presentation will be held immediately following the race.

*We reserve the right to cancel the race due to dangerous weather conditions. There will be no refunds.



FIRECRACKER 5K

Please read the below waiver carefully and sign.

In consideration of the acceptance of this entry, I waive all claims for myself, my heirs and sponsors, cooperating groups and any individuals associated with the event and will hold them harmless for any and all injuries or illness which may result from any participation.

I further state that I am in proper physical condition to participate in this race. There will be no refunds!

Signature: _____

Date: _____

Remove this section, mail and return to
YMCAs of the Wabash Valley
225 E Kruzan St.
Brazil, IN 47834