



**PALM HARBOR**  
United Methodist Church



## Race Registration Form-Race Day 12/2/17

Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Address \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Age on 12/2/17 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ E-Mail \_\_\_\_\_

Please indicate which race you would like to enter:

- |                          |                           |                          |                               |
|--------------------------|---------------------------|--------------------------|-------------------------------|
| <input type="checkbox"/> | <b>5k- \$25 by 11/20</b>  | <input type="checkbox"/> | <b>1 Mile- \$15 by 11/20</b>  |
| <input type="checkbox"/> | <b>5k-\$35 11/20-12/1</b> | <input type="checkbox"/> | <b>1 Mile-\$20 11/20-12/1</b> |
| <input type="checkbox"/> | <b>5k-\$45 Race Day</b>   | <input type="checkbox"/> | <b>1 Mile- \$25 Race Day</b>  |
| <input type="checkbox"/> | <b>Tot Trot- \$10</b>     | <input type="checkbox"/> | <b>Virtual 5K- \$25</b>       |

***All participants receive a finishers medal and antlers!***

***NOTE: Tshirt size guaranteed for those registered by 11/20/17.***

**Please indicate your t-shirt size: Child sizes** \_\_\_\_\_ Small \_\_\_\_\_ Medium \_\_\_\_\_ Large

**Adult Sizes** \_\_\_\_\_ Small \_\_\_\_\_ Medium \_\_\_\_\_ Large \_\_\_\_\_ XL \_\_\_\_\_ 2 XL

I intend to be legally bound and do hereby for myself, my heirs, and executor, waive all rights and claims for damage which may occur to me against the Reindeer Run, The Florida Annual Conference of The United Methodist Church, and other named organizations of this event, or any subsidiary or political division thereof, its officers, agents, successors, representatives, assigns from all claims and liabilities of any kind that may arise from the Reindeer Run event though that liability may arise out of negligence or carelessness on behalf of the persons on this waiver. If I should suffer injury or illness, I authorize officials of the race to use their discretion to have me transported to a medical facility. I hereby grant full permission to any and all of the foregoing to use any photographs, videotapes, or any other record of this event for any purpose of the event whatsoever. I have read the above release and understand that it presents a risk of physical injury; knowing this, I am entering this event at my own risk.

Signature: \_\_\_\_\_ Signature of Parent (under 18): \_\_\_\_\_ Date: \_\_\_\_\_

You may pay by credit card or check. Please make checks payable to PHUMC. For more information regarding payment options, please contact Michelle Premuto, Finance Director at 727-683-2626.

Visa  MasterCard  Discover

Credit Card # \_\_\_\_\_ CVV \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name on Card \_\_\_\_\_

Billing Address \_\_\_\_\_

Signature \_\_\_\_\_

Please complete this registration form and return it to  
Palm Harbor United Methodist Church 1551 Belcher Road Palm Harbor, FL 34683

For office use only- Cash \_\_\_\_\_ Check \_\_\_\_\_ Credit Card \_\_\_\_\_