

10K•5K SATURDAY, JUNE 8 Registration also available online at **bellinrun.com**.

Name							
First		Last					
Address							
Street	City			State Zip			
Phone _()		Email					
Gender 🗆 Male 🛛 Female	Date of birth // (mm/dd/yyyy		/	Fi	_ First-time participant? □Yes □No		
EMERGENCY CONTACT Name				Race day pho	one _()	
EVENT 10K Run	🗌 10K Walk	□ 5K Run		K Walk			
ANTICIPATED PACE (minutes/mile)	🗆 Sub 8	8-9:29	9:30-10:5	59 🗌 11	+		
APPAREL							
COMPLIMENTARY	MEN'S	\Box s	Шм	\Box_{L}	□xl	\Box_{2XL}	3XL
TECHNICAL T-SHIRT No additional cost	WOMEN'S CUT		Шм	L	□xl	2XL	
	YOUTH	XS (4-5)	□ S (6-8)	□ M (10-12)	L (14-16)		
ENTRY FEE through March \$30	1 March 2 - May 1 May 2 \$35 \$4				June 7 (In person at Astor Park 3-8 pm) \$50		
					TOTAL =		
Consent and Liability Waiver <i>Hold Harmless:</i> By participating in the Bell Allouez, from any and all liability, losses, clai <i>Photograph Authorization</i> : I hereby give B purpose, including but not limited to comm IAAF governing amateur status, I am eligible incluide runners will be allowed to account	ims, actions, costs, including at ellin Memorial Hospital, Inc., a ercial purposes, Bellin Health a	orney fees resulting fron Ind its affiliates, permissi	n injury to person or d on to photograph me	lamage to property arising during the run and its rela	out of my participatio ated activities, and to u	n in the Bellin Rur se those photograp	n. hs for any

lowed to compete.) As a participant in the Belli Run, I understand I may become ill or injured and medical treatment may be necessary. I give consent to Bellin Health medical staff and/or volunteers to evaluate, treat injuries/illnesses, and activate emergency care as indicated.

Participant signature (or guardian if minor)

Date

Please mail this entry form and payment (check payable to Bellin Run) to: Bellin Health System, Bellin Run, P.O. Box 23400, Green Bay, WI 54305-3400