

DOUBLE DECKER

Saturday, April 27

arts festival

SPRING RUN

Save \$5.00 - Register Early!

Entry Form

Last Name _____ First Name _____ M.I. _____

Email Address _____

Street Address or P.O. Box _____

City _____ State _____ Zip _____

Date of Birth _____ Age on 4/27/2002 _____ Sex _____

Phone Number _____

Circle which run entering: 10K run 5K walk

T-shirt Sizes: A t-shirt will be given free of charge to each runner. Please circle the desired size.

Small

Medium

Large

X-Large

Waiver: In consideration of this entry acceptance, I hereby for myself, my heirs, executors, and administrators, waive any and all legal rights and claims for damages I may have against the Oxford-Lafayette County Chamber of Commerce, Baptist Memorial Hospital - N. MS, and any individuals connected with and/or sponsoring this race, and for any injuries, loss, or death sustained by me in the event. I am in good physical condition for this race.

Signature _____ Date _____

Enclose registration form with a check to the Chamber for \$15 (*if postmarked prior to April 15, \$20 if after*), and mail to:

Oxford-Lafayette County
Chamber of Commerce
P.O. Box 147
Oxford, MS 38655