

INDIVIDUAL ENTRY FORM

Run like bandits through Downtown St. Albans

2nd Annual

SAINT ALBANS RAID HALF MARATHON

Sunday 9:00 AM

September 21, 2014

NO RACE DAY REGISTRATION

RACE CATEGORIES (circle): Male or Female

Mixed ages on a team will be pushed to the youngest category (excluding youth category)

AGE: U18 18-29 30-39 40-49 50-59 60-69 70 and older

NAME _____

ADDRESS _____ DOB _____ AGE _____

TOWN _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____

EMERGENCY CONTACT NAME _____ EMERGENCY CONTACT PHONE _____

T - SHIRT SIZE (Adult Sizes) CIRCLE:	S	M	L	XL	XXL	before 9/2	9/3 - 9/15	9/16 - 9/20
						Youth under 18..... \$35.....	\$40.....	\$50
						Adults..... \$45.....	\$50.....	\$60

In consideration of the acceptance by sponsors of my entry in the St. Albans Raid Half Marathon, I hereby waive any liability the sponsors may have to me arising out of my participation in this years race, furthermore, I have read the rules and regulations of the St. Albans Raid Half Marathon and as a participant in the St. Albans Raid Half Marathon I hereby agree to hold harmless, the St. Albans Raid Half Marathon Committee, the Franklin County Regional Chamber of Commerce, St. Albans Town, St. Albans City or any of it's sponsors, organizers, volunteers for any damages either physical, personal or property which may occur to me, my equipment, or property which may arise in relation to my participation in the St. Albans Raid Half Marathon.

I am aware that participation in this race may present a serious strain to my body or it's parts, and further warrant to the sponsors that to the best of my knowledge I am in proper physical condition to allow me to participate in the St. Albans Raid Half Marathon. All participants must complete and sign the following, agreeing to the above disclaimer, parents must sign for those under 18 years of age.

All other information must be printed in block letters, to avoid mistakes in recording.

SIGNATURE _____ (Guardian signature required if under 18)

PRINT NAME _____ DATE _____

Make checks payable to "FCRCC"

802.524.2444

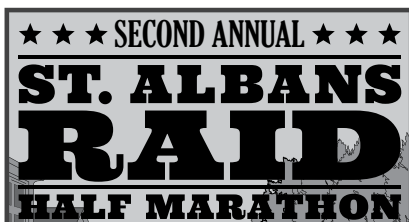
Online Registration: www.active.com

Website: www.fcrcvt.com

keyword search: St. Albans Raid Half Marathon

Email: info@fcrcvt.com





RELAY ENTRY FORM

2 Person Team Only

Run like bandits through Downtown St. Albans

2ND ANNUAL

SAINT ALBANS RAID HALF MARATHON

Sunday 9:00 AM, September 21, 2014

NO RACE DAY REGISTRATION

RACE CATEGORIES (circle):

Mixed ages on a team will be pushed to the youngest category (excluding youth category)

R1 Under 18 Male	R4 18-39 Male	R7 40+ Male	before 9/2	9/3 - 9/15	9/16 - 9/20
R2 Under 18 Female	R5 18-39 Female	R8 40+ Female	Youth under 18.....\$45	\$50	\$60
R3 Under 18 Mixed	R6 18-39 Mixed	R9 40+ Mixed	Adults.....\$55	\$60	\$70

In consideration of the acceptance by sponsors of my entry in the St. Albans Raid Half Marathon, I hereby waive any liability the sponsors may have to me arising out of my participation in this years race, furthermore, I have read the rules and regulations of the St. Albans Raid Half Marathon and as a participant in the St. Albans Raid Half Marathon I hereby agree to hold harmless, the St. Albans Raid Half Marathon Committee, the Franklin County Regional Chamber of Commerce, ST. Albans Town, St Albans City or any of it's sponsors, organizers, volunteers for any damages either physical, personal or property which may occur to me, my equipment, or property which may arise in relation to my participation in the St. Albans Raid Half Marathon.

I am aware that participation in this race may present a serious strain to my body or it's parts, and further warrant to the sponsors that to the best of my knowledge I am in proper physical condition to allow me to participate in the St. Albans Raid Half Marathon. All participants must complete and sign the following, agreeing to the above disclaimer, parents must sign for those under 18 years of age.

All other information must be printed in block letters, to avoid mistakes in recording.

Important: List runners in order of leg they will run.

RELAY LEG NO 1

NAME _____

ADDRESS _____ DOB _____ AGE _____

TOWN _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____

EMERGENCY CONTACT NAME _____ EMERGENCY CONTACT PHONE _____

T - SHIRT SIZE (Adult Sizes) CIRCLE: S M L XL XXL SIGNATURE _____
(Guardian signature required if under 18)

RELAY LEG NO 2

NAME _____

ADDRESS _____ DOB _____ AGE _____

TOWN _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____

EMERGENCY CONTACT NAME _____ EMERGENCY CONTACT PHONE _____

T - SHIRT SIZE (Adult Sizes) CIRCLE: S M L XL XXL SIGNATURE _____
(Guardian signature required if under 18)

Make checks payable to "FCRCC"

Online Registration: www.active.com
keyword search: St. Albans Raid Half Marathon

802.524.2444
Website: www.fcrcvvt.com
Email: info@fcrcvvt.com

