

**Total Fitness Connection's Run & Walk for Children to Benefit the Family Enrichment Center  
Team Registration Form  
March 25, 2017**

**YES!** Count on \_\_\_\_\_ (Group Name) to provide a Team of Participants (at least 3 or more participants) in the Total Fitness Connection's Run & Walk for Children to benefit the Family Enrichment Center.

Team Leader's Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Teams of 3 or more person will receive 10% of their event fee accordingly:**

12/1/16-02/17/17 Early Bird Entry 5K-- **\$30**      2/18/17-03/24/17--**\$40**      Race Day-- \$50 (no discounts given)  
12/1/16-02/17/17 Early Bird Entry Half--**\$45**      2/18/17-03/24/17--**\$55**      Race Day-- \$65 (no discounts given)

RELEASE: I should not enter in the Run/Walk for Children 5K Run/Walk, 5K Push, Pull & Run or Half-Marathon unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the event. I assume all risks associated with participating and/or volunteering in the event. Having read this waiver, I myself, or anyone acting on my behalf, waive and release the City of Bowling Green, Warren County, Family Enrichment Center, Inc. and all members thereof, and all sponsors from all claims or liability of any kind arising from my participation in the aforementioned event.

Name:	Choose One: ___HALF ___ 5K Run ___ 5K Walk
Address:	City, State, Zip:
Phone:	Email:
Male/Female:	Birthdate: _____ Age as of 03/25/17: _____
T-Shirt Size: S M L XL 2XL ( <b>\$2.00 extra for 2XL</b> )	Signature of Release: _____

Name:	Choose One: ___HALF ___ 5K Run ___ 5K Walk
Address:	City, State, Zip:
Phone:	Email:
Male/Female:	Birthdate: _____ Age as of 03/25/17: _____
T-Shirt Size: S M L XL 2XL ( <b>\$2.00 extra for 2XL</b> )	Signature of Release: _____

Name:	Choose One: ___HALF ___ 5K Run ___ 5K Walk
Address:	City, State, Zip:
Phone:	Email:
Male/Female:	Birthdate: _____ Age as of 03/25/17: _____
T-Shirt Size: S M L XL 2XL ( <b>\$2.00 extra for 2XL</b> )	Signature of Release: _____

Payment enclosed for \_\_\_\_\_ (# of participants)      Total amount enclosed: \$ \_\_\_\_\_

Make checks payable to the Family Enrichment Center.

Return forms and team entry fee to:

**Family Enrichment Center  
1133 Adams Street  
Bowling Green, KY 42101**

Name:	Choose One: ___ HALF ___ 5K Run ___ 5K Walk
Address:	City, State, Zip:
Phone:	Email:
Male/Female:	Birthdate: Age as of 03/25/17:
T-Shirt Size: S M L XL 2XL (\$2.00 extra for 2XL)	Signature of Release:

Name:	Choose One: ___ HALF ___ 5K Run ___ 5K Walk
Address:	City, State, Zip:
Phone:	Email:
Male/Female:	Birthdate: Age as of 03/25/17:
T-Shirt Size: S M L XL 2XL (\$2.00 extra for 2XL)	Signature of Release:

Name:	Choose One: ___ HALF ___ 5K Run ___ 5K Walk
Address:	City, State, Zip:
Phone:	Email:
Male/Female:	Birthdate: Age as of 03/25/17:
T-Shirt Size: S M L XL 2XL (\$2.00 extra for 2XL)	Signature of Release:

Name:	Choose One: ___ HALF ___ 5K Run ___ 5K Walk
Address:	City, State, Zip:
Phone:	Email:
Male/Female:	Birthdate: Age as of 03/25/17:
T-Shirt Size: S M L XL 2XL (\$2.00 extra for 2XL)	Signature of Release:

Name:	Choose One: ___ HALF ___ 5K Run ___ 5K Walk
Address:	City, State, Zip:
Phone:	Email:
Male/Female:	Birthdate: Age as of 03/25/17:
T-Shirt Size: S M L XL 2XL (\$2.00 extra for 2XL)	Signature of Release:

Name:	Choose One: ___ HALF ___ 5K Run ___ 5K Walk
Address:	City, State, Zip:
Phone:	Email:
Male/Female:	Birthdate: Age as of 03/25/17:
T-Shirt Size: S M L XL 2XL (\$2.00 extra for 2XL)	Signature of Release:

Name:	Choose One: ___ HALF ___ 5K Run ___ 5K Walk
Address:	City, State, Zip:
Phone:	Email:
Male/Female:	Birthdate: Age as of 03/25/17:
T-Shirt Size: S M L XL 2XL (\$2.00 extra for 2XL)	Signature of Release: