



Lunar New Year 5K

Sunday, February 26, 2017
Shoreline Interurban Trail

ON-SITE REGISTRATION FORM

PARTICIPANT INFORMATION

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Emergency Contact Name: _____ Emergency Contact #: _____

RACE CATEGORY (Circle one):

- | | | | |
|---------------------|---------------------|-----------------------|-----------------------|
| Male (17 and under) | Male (50-59) | Female (17 and under) | Female (50-59) |
| Male (18-29) | Male (60-69) | Female (18-29) | Female (60-69) |
| Male (30-39) | Male (70-79) | Female (30-39) | Female (70-79) |
| Male (40-49) | Male (80 and older) | Female (40-49) | Female (80 and older) |

PAYMENT INFORMATION

- DAY OF RACE PRICING (Circle one):**
- | | | |
|------------------------|-----------------------|--------------------------------|
| 13-64 years old (\$40) | 6-12 years old (\$30) | ICHS staff 13-64 (\$30) |
| 65 and older (\$30) | 5 and under (FREE) | ICHS staff 65 and older (\$20) |

Additional donation: \$ _____

METHOD OF PAYMENT (Check one): Credit/Debit Check Cash (Exact change only)

Name on Credit Card: _____

Credit card address (if different from mailing address above) Same as mailing address

Address: _____

City: _____ State: _____ Zip: _____

Card # _____ Exp. Date _____

Signature: _____