

ENTRY FORM

LAST NAME: _____

FIRST NAME: _____

PHONE #: (_____) _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

FEMALE _____ MALE _____

SHIRT SIZE: _____ M _____ L _____ XL

(T-shirts guaranteed for entries received by June 20th)

Make Checks payable to: NEW MARKET FIRECREACKER, 5-MILER

*DOOR PRIZES

*FIRST PLACE PLAQUES

*SECOND PLACE CERTIFICATES

*FIRST PLACE MALE/FEMALE OVERALL AND MASTERS

SEND ENTRY FORM, FEE, AND WAIVER TO:

C/O Daryl Watkins
9895 Massanutten Avenue
New Market, VA 22844

WAIVER

In consideration of acceptance of the entry to the New Market Firecracker 5-Miler, I waive all claims for myself, my heirs or assigns against the race organizers, sponsors, town of New Market and the race committee for any injury or illness which may result from my participation. I am in proper physical condition to compete in this race.

Signature of Participant: _____ Date: _____

Under 18, parent (guardian) _____ Date: _____