

Blazing Bobcats 5K Run/Walk

Sat. October 10, 2009

Sponsors:



Disneyland

Boonlocks

Garden DAY SPA & SALON



Heber Valley Railroad

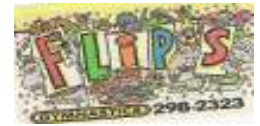
Pro Construction & Development Inc.



Hale Centre Theatre

Family Vision Care

**Utah Cardiology
Dr. Eric Anding**



SIGNATURE PRESS



PIZZA



Lora Erickson
"Blonde Runner"
blonderunner.com



5K START TIME: 9:00 a.m.

**PRE-REGISTRATION DEADLINE
Sept. 30, 2009 4:30 p.m.**

Pre-registration race entry fee: \$15
*Race-day entry fees: \$ 20
*There is no guarantee of a t-shirt after Sept. 30

Ribbons and random prizes. The 5K race route starts and finishes at Bountiful Elementary. To pre-register return this form to the school office, or Lora Erickson no later than 4:30 p.m. Wed. Sept. 30, 2009 to be guaranteed a shirt. Registration fee increases to \$20 on all registrations after Sept. 30. Race-day registration and packet pick-up: 8:00 - 8:45 a.m. Bouncy houses and a rock climbing wall will be available from 9:30—12:30. There will be a silent auction and food available for purchase. All proceeds go to teachers. Thank you for your support.

**Race location:
BOUNTIFUL ELEMENTARY
1620 South 50 West
801-402-1350**

**For race questions please contact
Lora Erickson 801-299-1601
lora@blonderunner.com**

Only one entry form per participant.

REGISTRATION FEES:

Name _____

___ Pre-reg Race entry \$15
___ Race-Day Registration \$20
___ Additional donation \$___

Address _____

_____ : Total Attached

Phone _____ e-mail _____

Male/Female _____ Age on race day _____

SHIRT SIZE:
Adult: S M L XL XXL
Youth: S M L

**Make checks payable to
Bountiful Elementary PTA.**

In consideration of this entry, I hereby waive any and all claims for myself and my heirs against Bountiful Elementary, PTA, race director, sponsors or their representatives. I assume all risk of illness or injury to me and my heirs because of participation in this event. I hereby understand that if my entry is not received by Sept. 30, 2009, I may not receive a t-shirt. I also understand that the registration fee is non-refundable.

Signature _____ Date _____

Signature of parent or guardian if under 18 years of age. _____ Date _____

OFFICE USE ONLY

Date received: _____ Received by: _____ Check #: _____ Amount paid: _____