

ENTRY FORM

#

Bib Number

OASIS SHAUGHNESSY 8K TNT 5K Poker Walk

21 May 2017

 8K RUN 5K WALK (Select one)Birthdate ____/____/____ Age ____ M F
month day year

First Name _____

Last Name _____

Address _____

City _____ Postal/Zip Code _____

Province/State _____ Country _____

Telephone _____

Email _____

BC ATHLETICS # ** _____

 T-Shirt (Short Sleeve) Size **Y S M L XL XXL**
(circle one) MAIL ENTRY: (postmarked by May 14, 2017)MAIL TO: LIONS GATE ROAD RUNNERS, P.O. Box 74576
KITSILANO RPO, Vancouver BC, V6K 4P4**ENTRY FEE:** (Non-refundable)

Run only (no garment) .*.....+ \$27 \$ \$27

Short Sleeve T-shirt+ \$14 \$

Juniors (19 & under) deduct \$3..... - \$ 3 \$

B.C. Athletics members deduct \$3.* - \$ 3 \$

Late Entries (May 15 to May 21) add + \$ 5 \$

 Cash Cheque(Cheques payable to: Lions Gate Road Runners) **TOTAL** \$

* Race entry includes a Day of Event BC Athletics membership.

** Only BCA ATHLETE members are eligible for this \$3 deduction.
BCA Associate members or Training members are not eligible
for this deduction.**WAIVER**

In consideration of accepting this entry I hereby for myself, my heirs, executors and Administrators waive and release any and all rights and claims for damages I may sustain against the event, organizers of the race, the City of Vancouver, BC Athletics, Oasis, Running Room, BlueShore Financial, Kerrisdale Pharmacy, Kerrisdale Business Association, the Leukemia and Lymphoma Society of Canada and any of their agents, representatives, successors and assigns, including the race sponsors, for all and any injuries that I may sustain during the course of the event.

Signature of Athlete or
Parent/ Legal Guardian (If Athlete is under 19 years of age)

Date

PRIVACY:

To respect the privacy of our participants, information given on this form will be used for internal race purposes only and will not be forwarded to anyone else.