

2017 CHELAN CHASE



OFFICE USE ONLY:

Check # _____

Cash _____

Total _____

INFORMATION

What:..... 5K USATF race/run/walk, fundraiser for breast cancer

Chip Timing:.....will be provided

When:.....Saturday, October 21, 2017

Where:.....Riverwalk Park, Chelan, Washington

Registration:

St. Andrews Parish Hall, next to Riverwalk Park, 120 E. Woodin Ave., Chelan

Pre-Registration day - Friday, October 20, 2017, 5:00 p.m. – 7:00 p.m.

Race Day Saturday, October 21, 2017, 8:00 a.m. **Closes** 9:15 a.m.

Pre-Race Meet:.....9:45 a.m. at Riverwalk Park Shelter

Start Time:.....10:00 a.m. on the “old bridge”

Divisions: Gender – Male/Female: Age – 8 & under, 9-12, 13-19, 20-29,

30-39, 40-49, 50-59, 60-69, 70-79, 80 & over

Option	Registration Category – Choose One	Cost
1	Early Individual Registration – until 10/1/17	\$30.00
2	Early Family Registration – (includes 4-6 immediate family members) until 10/1/17	\$80.00
3	Late Individual Registration – after 10/1/17	\$35.00
4	Late Family Registration – (includes 4-6 immediate family members) after 10/1/17	\$100.00
5	Individual Registration – with min. \$100 pledges	FREE
6	Family Registration – (includes 4-6 immediate family members) with min. \$100 pledges per family member	FREE
7	Team Registration (min. 4 individuals; max. 20 individuals) with min. \$100 pledges per team member	FREE

Online Registration

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Registration on-line, go to:.....www.chelanchase.com

Registration by mail:.....Chelan Chase, P. O. Box 1322, Chelan, WA 98816-1322

Registration on-site:.....Pre-Registration Friday & Day of Race (see above for times)

Eligibility: Open to all racers, runners, walkers, wheelchairs, strollers, families & teams

Further information: www.chelanchase.com; sichelan@soroptimist.net

ENTRY FORM – YOU CAN PRE-REGISTER ON-LINE!

Last Name _____ First Name _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Age _____ Male or Female (Circle One)

E-mail Address _____

Registration Cost (Select from a Registration Category): \$ _____

Are you a Breast Cancer Survivor? YES! _____

Register Early -- First 200 Registers ONLY Receive a T-Shirt!

T-Shirt Size (Circle One Please)

YM YL M L XL XXL None

Photographic and Results Release: I give my full consent and permission to the Chelan Chase and Soroptimist International of Chelan, its sponsors and donators, the irrevocable right to use, for any purpose whatsoever and without compensation, any photographs, videotapes, audiotapes or other recordings of me or my minor children that are made during the course of this event, the Chelan Chase, and the results of my or my minor children's participation (name, participant number, race time, division status) in this event, the Chelan Chase.

Liability Release: In consideration of acceptance of this entry and intending to be legally bound, I hereby for myself, heirs, executors, and administrators waive, release, and discharge any and all rights and claims to damages which may have or which may hereafter accrue to me against Soroptimist International of Chelan and the Chelan Chase, Lake Chelan Community Hospital and Clinics, Wellness Place, other sponsors of this run, or respective offices, agents, representatives, successors, and/or assigns for myself in connection with my entry and/or travel to, participating in, and returning from the run, October 21, 2017. Applications by minors are accepted only with parents or guardians signature. The undersigned parent or guardian in addition to afore-stated release and waiver, also agrees to personally supervise said minor and accepts full responsibility for his/her participation in this event, and for any injury, harm, or damages resulting there from.

I have read both the photographic and liability release statements, I understand them, and my signature confirms my acceptance.

Signature: _____ Date: _____

Parents/Guardians Signature, if under 18:

_____ Date: _____

Mail to: Chelan Chase, P.O. Box 1322, Chelan, WA 98816-1322, or submit on race day.
Entry Fees are Non Refundable.