

# Entry Form JUNE 13, 2009

**NO RACE DAY ENTRY**

## HEART & SOLE RUN



Last Name

First Name  Sex M/F

Address

City

State  Zip  Phone (day)

Age on June 13, 2009  Phone (evening)

Birth Date   
M M D D Y Y

Email address

**CATEGORIES**

- 5K Montana State Championship
- 10K Run/Walk
- 2 Mile Health Walk
- Triumph Trek
- Team/Family Registration

**T-SHIRTS**

- Youth M
- Youth L
- Adult S
- Adult M
- Adult L
- Adult XL
- Adult XXL *additional \$2.00*

Team Name

**TEAM/FAMILY REGISTRATION and DISCOUNT**

Put together a team of 4-10 co-workers, friends or family members and receive a **\$3 discount per team member**. To qualify, the team captain must submit all entry forms with the payment at the same time. Team members can register for different categories.

- FEES** Includes one t-shirt
- \$15 Adult (S-XL)
  - \$17 Adult with XXL t-shirt
  - \$8 Child (age 6 and under)
  - \$15 T-shirt only

Race Number

**PAYMENT METHOD**

**CHECKS** – Payable to St. Vincent Healthcare Foundation

**CREDIT CARD** – Credit card entries may be faxed to St. Vincent Healthcare Foundation at 406.237.3619

- MasterCard  Visa  Discover

Credit Card #

Print Name on Card

Signature

Expiration Date

- Yes  No Is this your first time in the Heart & Sole?
- Yes  No If no, are you entering a longer distance than last year?
- Yes  No Are you a Spirit of Women member?

**AGE GROUP DIVISIONS**

Male and female 8 & under, 9-13, 14-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70-74, 75-79, 80 and over.

**WAIVER & AGREEMENT**

*Entry form not valid unless signed/dated below:*

In consideration of your accepting my/my child's registration in the Heart & Sole Run, I hereby, for myself, my child, my heirs, executors and personal representative, waive and release any and all rights and claims for damages I or my child may have against the sponsors, organizers, and race day volunteers of said race, their representatives, successors, and assigns for any and all damages or injuries incurred due to my/my child's participation in said race. I grant full permission to sponsors and organizers of said race to use my/my child's name, or photographs, videotapes, and other recordings of participation in this event, without obligation or liability to me and my child.

Signature  Date   
*Parent or guardian must sign for minors.*

**MAIL TO:** St. Vincent Healthcare Foundation  
Special Events Coordinator  
1106 N. 30th St.  
Billings, MT 59101