## FISH DAY RUN/WALK REGISTRATION FORM July 18, 2020

[ ] Individual		[ ] Family (3 or more)	[ ] Team (10 or more)
		# Participating	Team Name:
		Each family member must complete a signed entry form. Participants und 18 years of age need a parent or guardi signature. All family entries MUST be submitted together.	ler Note: ALL TEAMS MUST PRE- ian REGISTER. Each team member
By July 10	\$25.00	\$20.00 each member	\$180.00 (After 10 people, additional
After July 10	\$30.00	\$23.00 each member Teams will	team members \$20.00 each) Teams will not be registered after July 10 (No team changes on race day)
	[ ] M	ail my packet (no mailing after July 10). Ad	ld \$5.00 (per person).
		ease accept my personal pledges of \$e money must be turned in by 8:00 AM on ra	
Last Name		First Name	MI
Street Address _			Apt #
City			State Zip
Phone ()_		Email	
T-shirt Size: [ ] No T-shirt (T-shirts guara the t-shirt size limited & not g	Y (14/16) S Desired-I wish to nteed for pre-region guaranteed.)  **Trained for the co	/heelchair 2 Mile Run 2 Mile Walk  M L XL o donate cost of shirt to Portal stered only. Register early to guarantee e. T-shirt availability on race day is  mpetition of this race and have full knowledge	FISH DAY RUN/WALK WAIVER In consideration of the acceptance of my entry, I the undersigned, intending to be legally bound for myself, my heirs, my Executors, Administrators and Assignees, do hereby release Portal, inc., its agents, employees, volunteers and any and all sponsors and supporters of this race and their representatives, successors and assigns from any and all liability arising from any damage, demands, action, illness or injuries in any manner arising or growing out of my participation in this race. I attest and verify that I am physically fit, ge of risks involved in this event. I also understand the, picture, likeness or image. I have read the

Send completed form with payment to: Portal, inc., P.O. Box 65, Grafton, WI 53024-0065