



EVENT CATEGORIES

Pricing per person only applies if team exceeds 5+ participants.

- Half Marathon : \$45 Early Bird (Ends 2/11) \$54 Standard (Ends 3/22)
- 5K Run : \$27 Early Bird (Ends 2/11) \$36 Standard (Ends 3/22)
- 5K Walk* : \$27 Early Bird (Ends 2/11) *This event will not be chip-timed.
- Kids 100 Yard Dash : *Please note, the Kids Dash will take place on Friday, March 24th during the Pasta Party and Family Wellness Expo.* FREE (Ends 2/11/23) \$10

TEAM INFORMATION

Registrations must be postmarked by 02/11/23 to be guaranteed your requested shirt size.

Team Name :

Team Leader : Event :

Age on 3/26/22 : Date Of Birth :
D D M M Y Y

Address :

Gender : City :

E-Mail : Zip Code :

Shirt Size : S M L XL XXL (Add \$2) XXL (Add \$3) YOUTH SIZE (S-L Only)

Participant #2 : Event :

Age on 3/26/22 : Date Of Birth :
D D M M Y Y

Address :

Gender : City :

E-Mail : Zip Code :

Shirt Size : S M L XL XXL (Add \$2) XXL (Add \$3) YOUTH SIZE (S-L Only)



TEAM INFORMATION CONT.

Registrations must be postmarked by 02/11/23 to be guaranteed your requested shirt size.

Participant #3 : Event :

Age on 3/26/22 : Date Of Birth :
D D M M Y Y

Address :

Gender : City :

E-Mail : Zip Code :

Shirt Size : S M L XL XXL (Add \$2) XXL (Add \$3) YOUTH SIZE (S-L Only)

Participant #4 : Event :

Age on 3/26/22 : Date Of Birth :
D D M M Y Y

Address :

Gender : City :

E-Mail : Zip Code :

Shirt Size : S M L XL XXL (Add \$2) XXL (Add \$3) YOUTH SIZE (S-L Only)

Participant #5 : Event :

Age on 3/26/22 : Date Of Birth :
D D M M Y

Address :

Gender : City :

E-Mail : Zip Code :

Shirt Size : S M L XL XXL (Add \$2) XXL (Add \$3) YOUTH SIZE (S-L Only)

Please continue to page to for payment and waiver information. Each team member must have a signed waiver. If a participant is under 18 a parent or guardian must sign,



PAYMENT

| | | | | | | | | | |
|----------------------|--|---|----------------------|--|---|----------------------|--|---|----------------------|
| Event Fees | | + | 2XL/3XL Shirt | | + | Additional Donation | | = | Team Total |
| <input type="text"/> | | | <input type="text"/> | | | <input type="text"/> | | | <input type="text"/> |

Select Payment Method: Team members will pay fees individually. Send the total bill to Team Leader. Payment enclosed.



SIGNATURE

Packet Pick-Up

Participants may pick-up their race packet at the Family Enrichment Center office between 8:30 a.m. & 4:30 p.m. on Wednesday, March 23rd through Noon on Friday, March 24th. Packets will also be available at the Pasta Party and Family Wellness Expo at Ephram White Park's gymnasium from 5-7 PM Friday evening as well as on race-day.

Team Leader: Please Initial

I understand that race fees are **NON-REFUNDABLE** but may be **TRANSFERRED** to another person and/or event category.

Our team will abide by applicable health and safety guidelines while on-site and understand that failure to comply will result in a non-refundable termination of our registration and being asked to vacate the event site.

Race Waiver

I should not enter in the Family Enrichment Center's Run/Walk for Children Half Marathon or 5K events unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to complete the event. I assume all risks associated with running and/or volunteering to participate in the event. Having read this waiver, I myself, or anyone entitled to act on my behalf, waive and release Warren County, Family Enrichment Center Inc., all members thereof, and all sponsors from all claims of any kind arising from my participation in the aforementioned event.

| | | | |
|--|----------------------|-------|----------------------|
| Signature of Team Leader: | <input type="text"/> | Date: | <input type="text"/> |
| Signature of Participant or Guardian #2: | <input type="text"/> | Date: | <input type="text"/> |
| Signature of Participant or Guardian #3: | <input type="text"/> | Date: | <input type="text"/> |
| Signature of Participant or Guardian #4: | <input type="text"/> | Date: | <input type="text"/> |
| Signature of Participant or Guardian #5: | <input type="text"/> | Date: | <input type="text"/> |

Return registration form via

Mail: 1133 Adams Street, Bowling Green, KY 42101

Email: info@FamilyEnrichmentCenter.com

For more information, call (270)781-6714.