

CNYEMS SHOCK TROT

5K Run/Walk to Celebrate National Emergency Medical Services Week

REGISTRATION FORM
Also register at www.active.com



Saturday, May 26, 2007
10:00 a.m.

[Raceday On-Site Registration begins at 8:30 a.m.]
Long Branch Park, Liverpool, NY



Official Results Provided by:

Auyer Race Timing www.AuyerTiming.com

Central New York Emergency Medical Services is a registered 501(C)(3) non-profit agency.

Check one:

Early Registration Fee: \$20.00.

Raceday Registration Fee: \$21.00

Registration fee includes entry to the race, post-race nutrition and rehydration, and race packet.

Mail or fax registration form to: CNYEMS Shock Trot
50 Presidential Plaza
Jefferson Tower, Suite LL1
Syracuse, NY 13202
FAX: (315) 701-5709

FAXED REGISTRATIONS
= \$20 Fee paid on race day
Faxes **MUST** be received by May 24, 2007
to guarantee Early Registration Fee

Office Use Only

Bib:

I am participating in the : 5K Run 5K walk

Last Name	<input type="text"/>	First	<input type="text"/>
Address	<input type="text"/>		Sex <input type="checkbox"/> (M or F)
City	<input type="text"/>	State	<input type="text"/>
	Zip	<input type="text"/>	Age Race Day <input type="text"/>
E-Mail	<input type="text"/>		DOB <input type="text"/>
Phone	<input type="text"/>	Tshirt Size	<input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL

Please Read and Sign:

I understand that by signing this document I agree to hold harmless the race committee and sponsors for the aforesaid race including anyone assisting with the event from and against any blame or liability for any misadventure, injury, or inconvenience suffered or sustained as a result of the participation in this event or any activities associated with the aforesaid event. I attest that I am physically fit and sufficiently trained for this event.

Signature _____ Signature of Parent(if under18) _____