OPERATION CARE'S COLOR MADNESS 2020 REGISTRATION FORM

SATURDAY, FEBRUARY 1ST, 2020

MARGARET DALTON HALL 975 BROADWAY ST. JACKSON, CA 95642

> 9AM REGISTRATION 10AM TIMED 5K 10:30 FUN RUN/WALK

> PLEASE CIRCLE ONE:

YOUTH(UNDER 18): FREE ADULT (18+): \$15

FAMILY PACK(TWO ADULTS WITH YOUTH): \$20

Mail by January 24th or drop off by January 31st to: 817 Court St Suite# 12 Jackson, CA 95642

Registration on Race Day: 9-10am

Shirt Size (Circle one) **While supplies last**

Child Lg Sm M Lg XL 2XL

Amount Enclosed:_____

| Name: | | | Age: | Gender: M | F |
|--|---|--|---|---|---|
| Additional Names:_ | | | Age: | Gender: M | ļ |
| Phone: | | Email: | | | |
| Mailing Address: | | | | | _ |
| City: | State: | Zip Code: | | | |
| RELEASE AGREEMENT: I give permission continue to maintain your confidentiality regrunning/walking in a road race is a potentia limited to: heat exhaustion, falls, contact wimyself and anyone I am responsible for unitak event held on February 1st, 2020. | garding any other services you receive fi lly hazardous activity. I represent that I th other participants, effects of weather, | rom Operation Care. This picture may appe am medically able to participate in this ever dangerous traffic conditions, etc., all such | ear on the Operation Care webs nt. I assume all risks associated risks being known and recogniz | ite or Facebook. I know that with this event included, but not red by me. I hereby agree, for | |
| Signature: | | | Date: | | |

(Participants under the age of 18 need a parent or guardian signature)

For more information call Operation Care at (209) 223-2897 or visit operationcare.org

Donations are gladly accepted.

Operation Care Federal ID# 94-2797327

