



Quechan Holidays Triple Crown



Early registration form 5K Run/Walk

Host: Fort Yuma Wellness Center, 1890-A San Pasqual School Rd Winterhaven, CA 92283

Contact: The Wellness Center 760-572-4057, email- wellnesscenter@quechantribe.com

Awards: 1) Halloween Run- Candy and snacks for all participants 2) Turkey Trot- All participants will receive a raffle ticket for a chance to win a Turkey/Ham Dinner Basket, 3) Christmas Run- top 3 male and female medals plus T-shirt for completing all three runs.

Proceeds: Will help pay for prizes and t-shirts.

On-site Entry Cost: \$10 per person, PARTICIPANTS WILL RECEIVE A FREE T-SHIRT. IF COMPLETE ALL 3 RUNS

Cost of pre-registration- \$25 per person (covers all 3 events). **Last day to Pre-register is Tuesday October 30, 2018.** Debit card accepted at Wellness Center before 5pm.

Other Information: All three runs will take place inside The Diabetes Walking Park. Races will take place within one week of respective Holiday (e.g. Halloween run will take place Tuesday Oct. 30, 2018, Thanksgiving and X-mas run are TBD).

PLEASE PRINT LEGIBLY & RETURN TO THE WELLNESS CENTER BEFORE DEADLINE

Name _____ Sex ____ Age _____

E-mail _____ Phone# _____

Emergency Contact: name and phone# _____

SHIRT SIZE (circle One) SM M L XL XXL

Waiver (MUST BE SIGNED)

In consideration of your accepting this entry, I the below signed, intending to be legally bound, for myself, my heirs, waive and release and any all rights and claims for damages I may have against the race, and sponsors and their representatives, for any and all injuries suffered by me in said event. I attest that I will participate in this event as a footrace, that I am physically fit and sufficiently trained for the completion of this event. Furthermore, I hereby grant full permission to use my name and likeness, as well as any photographs and any record of this event in which I may appear for any legitimate purpose, including advertising and promotion of future events.

Signature _____ Date _____

Parent or Guardian if under 18 _____

Office use only:

Can only accept entry form if paid in full- No refunds will be issued

Payment method: _____ payment amount: _____

Receipt: _____

Employee signature: _____ Date: _____