



**5K Run/Walk to Support  
Breast Cancer Foundation Of Ozarks  
June 21, 2014**

**REGISTERER BY JUNE 2<sup>TH</sup> TO GUARANTEED A T-SHIRT ON RACE DAY \*  
CHECKS PAYABLE TO GSACC**

MEDALS FOR EACH AGE GROUP 1<sup>ST</sup> – 3<sup>RD</sup> MALE/FEMALE \* OVER ALL MALE/FEMALE AWARD  
AGE DIVISION: 9 & UNDER \* 10-15 \* 16-19 \* 20-29 \* 30-39 \* 40-49 \* 50-59 \* 60 +

**DAY OF RACE LOCATION: SOUTH PARK**

**WATER ST \* SEYMOUR \* MO**

**\* REGISTRATION 6:30am – 7:00am \* RACE STARTS AT 7:30am**

**\*\$20.00 PREREGISTRATION**

**\*\$25.00 DAY OF RACE**

**FOR MORE INFORMATION: Crystal Clark: cclark@ampac.com**

**Terry Penner 425-9589 or icollectpansies@gmail.com**

NAME: \_\_\_\_\_ DOB \_\_\_\_\_ AGE ON RACE DAY \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

**Are you a survivor? Y \_\_\_\_\_ N \_\_\_\_\_ Years \_\_\_\_\_**

**MALE / FEMALE \* AGE DIVISION Circle one of each: under 9 \* 10-15 \* 16-19 \* 20-29 \* 30-39 \* 40-49 \* 50-59 \* 60 +**

**TSHIRT: YS \* YM \* YL \* S \* M \* L \* XL**

I hereby acknowledge that I am voluntarily participation in this activity. I hereby assume full responsibility for all liability and all risk of injury or loss, including death, which may result from my participation in this activity. I hereby hold harmless, release, waive, forever discharge and covenant not to bring legal action or claim against the Greater Seymour Area Chamber of Commerce or City of Seymour, any and all race sponsors, race officials and volunteers, related to my participation in this activity. Minors are only accepted with parent or guardian signature.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Mail Registration forms to: GSACC \* Po Box 700 \* Seymour \* Mo 65746**

**RACE PROCEEDS BENEFIT BCFO THROUGH THE GREATER SEYMOUR AREA CHAMBER OF COMMERCE  
DROP OFF AT: THE SEYMOUR BANK OR WEBSTER COUNTY CITIZEN**