

3TV PHOENIX 10K/HALF MARATHON REGISTRATION - 2017

November 5, 2017

www.Phoenix10K.com

Make Checks payable to: **Phoenix 10K**

Postmark entries by 10/22/17 to: **Phoenix 10K, P.O. Box 27043, Scottsdale, AZ 85255**

EVENTS						Bib Number	Official Use
<input type="checkbox"/> 10K Run	<input type="checkbox"/> 5K Run/Walk	<input type="checkbox"/> 1/2 Marathon & Couples 1/2 Marathon	<input type="checkbox"/> Doubleheader Compete in 5K & 10K	<input type="checkbox"/> Mollen Mile Kids 3 - 12 years			
FIRST NAME				LAST NAME			
MAILING ADDRESS							APT./SUITE #
CITY						STATE	ZIP CODE
E-MAIL ADDRESS							
PHONE		AGE <small>on 11/5/17</small>	SEX F M	YOUTH M	UNISEX SHIRT SIZE XS S M L XL XX		Add \$3 for XXL

<input type="checkbox"/> Couples 1/2 Marathon	Complete this section for the teammate in the <i>Couples 1/2 Marathon</i> only						Bib Number	Official Use
	<i>Challenge other couples for the best combined time</i>							
Couples Team Name:								
FIRST NAME				LAST NAME				
E-MAIL ADDRESS								
PHONE		AGE <small>on 11/5/17</small>	SEX F M	YOUTH M	UNISEX SHIRT SIZE XS S M L XL XX		Add \$3 for XXL	

5K Team Challenge: _____

TEAM NAME

Teams must consist of 3 to 10 members and submitted by 10/30. The fastest 3 times are combined to create the team time

FEE SCHEDULE

10K Run or 5K Run/Walk	<input type="checkbox"/> \$35 thru 9/30	<input type="checkbox"/> \$40 10/1 - 10/24	<input type="checkbox"/> \$50 10/25-11/4	<input type="checkbox"/> \$60 Race Day		
Doubleheader	<input type="checkbox"/> \$45 thru 9/30	<input type="checkbox"/> \$50 10/1 - 10/25	<input type="checkbox"/> \$60 10/26-11/4	<input type="checkbox"/> \$70 Race Day		
1/2 Marathon	<input type="checkbox"/> \$65 thru 3/31	<input type="checkbox"/> \$70 4/1-5/31	<input type="checkbox"/> \$80 6/1-7/31	<input type="checkbox"/> \$90 8/1- 9/30	<input type="checkbox"/> \$100 10/1-11/4	<input type="checkbox"/> \$100 Race Day
Couples 1/2 Mar. (Per Couple)	<input type="checkbox"/> \$105 thru 3/31	<input type="checkbox"/> \$115 4/1-5/31	<input type="checkbox"/> \$130 6/1-7/31	<input type="checkbox"/> \$150 8/1-9/30	<input type="checkbox"/> \$175 10/1-11/4	
Mollen Mile Ages 3-12	<input type="checkbox"/> \$20 thru Race Day			<input type="checkbox"/> \$195 Race Day		
Mail Back Packets:	<input type="checkbox"/> \$10 each					

Promotional codes are not valid with this form

All packets will be available at Runner's Den Nov 2 - Nov. 4 or race day unless Packet Mailing is selected

In consideration of your acceptance of this entry, I, the undersigned, intending to be legally bound, hereby for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against KTVK Television; Pepsico; Blue Cross Blue Shield of Arizona; Mollen Clinic; City of Phoenix; USAT&F; Raceplace Event Systems Inc.; all other sponsors; and any and all officers, partners, members, managers, affiliates, agents, contractors or employees of the foregoing for any and all injuries sustained and suffered by me during this race. I verify that I am physically fit and have sufficiently trained for competition in this event and a licensed medical doctor has verified my physical condition. If, however, as a result of my participation of this race, I require medical attention, I hereby give my consent to such authorized personnel. I also understand that in the event this race cannot be held as scheduled due to an act of God or circumstances beyond control, the race is not liable to refund any money paid by me to participate. Further, I hereby grant full permission to any and all of the foregoing to use any photographs, videotapes, motion picture, recordings or any other record of this event for any legitimate purpose. I have read the foregoing and certify my agreement by my signature below.

		Entry Fee Total \$			
		Packet Mailing Fee	\$		
		Tax Deductible Donation to the Mollen Foundation	\$		
		XXL Shirt Fee	\$3		
		Total Enclosed	\$		

Entrant Signature (or parent if under 18) _____ Date _____ Couples Teammate Signature _____ Date _____

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