



Eubank Baptist Shoebox Shuffle

5k run/walk

Saturday, July 4th @ 7:30am

Eubank Park

NAME _____ DOB ____/____/____

AGE ON RACE DAY _____ SEX: M F

ADDRESS _____ CITY _____

STATE _____ ZIP _____ PHONE _____

EMAIL _____

(Registration confirmation sent to email)

Emergency Contact Name _____

Emergency Contact # _____

T-SHIRT SIZE (CIRCLE ONE) ADULT~ S M L XL XXL (\$2.00 for XXL or larger) OR YOUTH~ S M L XL

PRE-REGISTER BY JUNE 19th, 2020 GUARANTEES T-SHIRT/ REGISTRATION AFTER JUNE 19th, T-SHIRT NOT GUARANTEED

Pre-registration \$25.00 _____ Race Day Registration \$30.00 _____

WAIVER: In consideration of your acceptance of my race entry in the Shoebox Shuffle 5K, I am intending to be legally bound for myself, my heirs, executors, and administrators, and do hereby release and discharge the Shoebox Shuffle 5K, organizers and sponsors from any and all liability or obligation to me. I also understand and agree that the event may subsequently use for publicity and/ or promotional purposes my name or picture of me participating in this event without any liability or obligation to me. I have read the entry form and all information contained within the event brochure provided and certify compliance by my signature. I also agree that my entry fees, once paid, are non-refundable. I have read and agree to the terms of the waiver on this form.

(Signature of participant, parent/ guardian if under 18 years old)

Mail entry forms and checks (payable to EBC/Operation Christmas Child) to:

Eubank Baptist Church
ATTN: Shoebox Shuffle 5K
PO BOX 145
Eubank, KY 42567