## **ENTRY FORM (Please print - photocopies OK)**



**MAIL TO:** Redondo Beach Chamber of Commerce, Super Bowl 10K/5K, 119 W. Torrance Blvd., Suite 2, Redondo Beach, CA 90277.

10K/5K	Beach, CA 90277.  Entry fees are non-refundable a	nd nontransferable.
PERMANENTE.	Off	fice use only
One entry po	er form. Photocopies allowed. Please pri	nt clearly and use blue or black ink only
FIRST NAME		
LAST NAME		
GENDER FEMAL	E MALE BIRTH DA	TE M M - D D - Y Y Y Y
EMAIL ADDRESS		
STREET ADDRESS		
СІТУ		
STATE	ZIP DAY PHONE	
EVENT	PHONE -	
	un/walk 🔲 Baby Buggy 10I	√ □ Kids Run
AGE DIVISIONS (age	e on race day)	
☐ 14-UNDER ☐ 19☐ 40-44 ☐ 45-49☐ 70-74 ☐ 75-79☐ ENTRY FEES	5-18	□ 30-34 □ 35-39 0-64 □ 65-69
10K & Baby Buggy 10K E 10K & Baby Buggy 10K E 10K & Baby Buggy 10K E (Feb. 2nd & Feb. 3rd) Kids Run:		\$40 \$45 \$45 \$45 \$ \$10 \$15
Please read and sign the waiv	NCLOSED (check or money or er below. If your waiver is not signed	
against the City of Redondo Beach, The Redo associated with the above for any injuries sus newspapers, brochures, etc. I also understand have sufficiently trained for competition and PARTICIPANT REGISTERED. Athletes who partit 10 and IAFF Rule 55. Athletes found positive future competition. SOME OVER-THE-COUNTER CALLING THE USOC HOT LINE AT 800-233-0393	ance, I, my heirs, executors and administrators hereby words. Beach Chamber of Commerce, Spectrum Sports Matined by me in this event. I will additionally permit that the entry fee is non-refundable and non-transferal my physical condition has been verified by a licensed ripate in this competition may be subject to formal drug for banned substances, or who refuse to be tested, with the MEDICATIONS CONTAIN BANNED SUBSTANCES. INFORM.	Management, Inc. and all co-sponsors or any individua ne use of my name and pictures in broadcast, telecasts ple. I further attest and verify that I am physically fit an medical doctor. THIS WAIVER MUST BE SIGNED BY EACH testing in accordance with USA Track & Field regulation II be disqualified from this event and lose eligibility fo IATION REGARDING DRUG TESTING MAY BE OBTAINED BY
Parent/Legal Guardian Signature _		Dete