

5K/10K Run/Walk or 1 Mile Dash

Feb 8, 2020 7:30 AM Start Check in by 7:00 AM 5K pre-\$35 / \$40 day of 10K pre -\$40 / \$45 day of 1 Mile Dash pre-register \$25 / \$30 day of

To register online or for more info go to www.sdc5k.com

To register by mail fill out form and mail to: Strawberry Distance Challenge P.O. Box 5017 Plant City, FL. 33563

Make your check or money order payable to: **Strawberry Distance Challenge**

Location:

Walden Lake Polo Fields 3035 Griffin Blvd, Plant City, FL 33566 // 813.719.0244

Race #	(official use only)	
Must be postmarked by Monday, Fo	eb 1, 2020. One form per participant	t (photo copies are accepted).
Check here if you are a wheel	lchair entry or will need any special	assistance.
Name:	T-Shirt size: Youth: S M L Adult: S M L XL XXL	
Sex: M F Age on race day:	Birthdate// Phone: (
Address:	City:	State:
Zip: Email:		
Incomplete or unsigned for Participant Waiver, please sign and read below I know that running in and volunteering to w I should not enter and run, walk and/or volunofficial relative to my ability to safely compleduring the course of a race by qualified race personnel have the right to disqualify me a condition. I assume all risks associated with participants, the effects of the weather, inclurisks being known and appreciated by me. Happlication for participation in races and/or Strawberry Distance Challenge,/Walden Lake successors, from all claims or liabilities of a	work at The Strawberry Distance Challenge /Strawberry Distance Challenge /Strawberry Distance Challenge /Strawberry Distance Challenge in the run, walk and/or volunteer. I also agree personnel in the event medical problems of a not remove me from the race, if in their opin running in and volunteering for races including high heat and/or humidity, the conditionaving read this waver and knowing these factomy volunteering. I, for myself and anyone end association and all above mentioned officers any kind arising out of my participation in expersons named in this waiver. I also approve nall use without further compensation.	
Date:		

Parent of Guardian, if under 18: