

WAL*MART

Jordan Boys and Girls Club


Kayem Foods
INCORPORATED

Trick or Trot 5K Costume Road Race & Walk
Saturday, October 31st,
2009 @ 10am



Meridian Charitable
Foundation Inc.



KATHI-ANNE REINSTEIN
State Representative-16th Suffolk District
Assistant Majority Whip
Floor Division Leader

BOSTON PRIVATE BANK
& TRUST COMPANY

Awards ceremony immediately following race.

Age Categories: 16-19, 20-29, 30-39, 40-49, 50-59, 60+

T-Shirts for the first 50 runners registered !

Trick or Trot Road Race Application

Pre-registration before October 23th, 2009: \$15.00; Race Day registration:\$20.00

Payment Form: Cash () Check ()

Make Checks payable to the Jordan Boys and Girls Club

Last Name: _____ First Name: _____

Sex: _____ Age: _____ Address: _____ City: _____

State: _____ Zip: _____ Phone#: _____ Email: _____

T-Shirt Size: (circle) Small Medium Large X-Large

The undersigned by registering in Trick or Trot Road Race, understand the nature and risks associated with participation in this activity. I am aware that participation is at one's own risk I acknowledge that the activity, equipment and facilities may pose significant risk of personal injury. I am also aware that each participant is responsible for his or her own safety. I hereby grant for myself, my heirs, executors, or administrators, waive and release any and all claim of damage we ever had or now have, against the Jordan Boys & Girls Club, Town of Chelsea, its successors and assigns, employees, agents and representatives and the Last Mile Race Management for any and all kinds of injury, including but not limited to personal injury and/or property damage suffered by myself, while participating in this activity. I understand that the Jordan Boys & Girls Club, Town of Chelsea and the Last Mile Race Management is not responsible for medical, hospital, emergency room or transportation expenses for any incidental illness or injury to the above named participant.

I certify that the information contained on this form is accurate and complete.

Sign: _____ Date: _____



Mail to: 30 Willow Street, Chelsea, Ma 02150 (617)884-9435