

## ENTRY FORM

Fall Foliage Classic Road Race—Sunday, 10/21/2007

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone (      ) \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_

Email: \_\_\_\_\_

5 MILE CERTIFIED ROAD RACE

\$15 By Mail / \$20 Day of Race

3 MILE WALK

\$8 By Mail / \$10 Day of Race

1.25 MILE FUN RUN

\$8 By Mail / \$10 Day of Race

**Make checks payable to: Fall Foliage Classic Road Race**

**Send checks to: TBM Rotary Club**

**P.O. Box 89, Topsfield, MA 01983**

\*\*For further info, call (978) 887-5311

In consideration of this entry being accepted, I hereby for myself, heirs, executors, and administrators, waive and release any and all rights to claim for damages I may have against any and all sponsors, hosts, agents, representatives, successors and assigns for any injuries suffered to me at said event or while traveling to or returning there from.

\_\_\_\_\_  
Signature of Runner

\_\_\_\_\_  
Signature of parent or guardian if under 18 years of age

Date: \_\_\_\_\_

How did you hear about this race?

( ) Race Calendar

( ) Direct mailing

( ) Word of mouth

( ) Internet

( ) Other: \_\_\_\_\_