

# ENTRY FORM

<http://www.rotarytbn.org/fallfol.htm>

Fall Foliage Classic Road Race—Sunday, 10/18/2009

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 \$10 By Mail /  
\$15 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, email [flyjamj@comcast.net](mailto:flyjamj@comcast.net)

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 therefrom.

\_\_\_\_\_  
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: \_\_\_\_\_