

WCBC 5K – Marshfield April 19, 2014

Primary Contact:

Name: _____

Age: _____ Circle: M or F

Email: _____

Phone Number: _____

T-shirt: Child: S M L Adult: S M L XL

Name: _____

Age: _____ Circle: M or F

T-shirt: Child: S M L Adult: S M L XL

Name: _____

Age: _____ Circle: M or F

T-shirt: Child: S M L Adult: S M L XL

COST

\$20 per person before April 1, 2014

\$25 per person after April 1, 2014

Children 9 and under are FREE or \$10 for t-shirt

Total: # Individuals _____ X \$ _____ = \$ _____

Waiver for 5K for Breastfeeding on the Back

*** Everyone must sign. Guardian must sign for minors**

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Make checks payable to: Wood County Health Dept

& send along with this form to:

Wood County Health Department

Attn: Amber France

420 Dewey Street

PO Box 8080

Wisconsin Rapids, WI 54494