

Saturday, May 25, 2019
At Damascus Friends Church
Registration / Check-in 7:30-8:55

5K Run/Walk or 5K Walk Race
(Walking category must walk entire race)
9:00 AM

\$16—early bird registration (guarantees short-sleeve or long sleeve performance t-shirt)
\$20—after 5/19/19

12 Mile Bicycle Ride (Ages 13 +)
8:55 AM

This is not a race and is untimed. Experienced riders only and helmets are required. Bike check will take place between 7:30-8:50 AM and bikes must pass inspection to participate.

\$16- for bike ride only or **\$20** if you want to participate in both the 5K and bike ride

Duathlon (5K Run and 12 mile Bike Ride)
***NEW THIS YEAR 9:00 AM**

This event is timed with prizes for top 3 male and female teams. You can participate as an individual in this event or as a team with one person running and another person bike riding (teams will be competing in the men's category).

\$20- for individual or team participating in Duathlon

Kids ½ mile Fun Run (ages 12 and under only)
8:40 AM

\$10—all participants guaranteed a medal and short sleeve t-shirt with registration before 5/19/19



After the Race, check out your times at Miles of Smiles—SmileyMiles.com.

2019 Celebrate Recovery 5K
REGISTRATION FORM
 Or register online at RunSignUp.com.

Please print

Name _____

Parent's Name (if participant is under 18) _____

Address _____

City _____ Zip _____

Phone _____

Email _____

Birthdate _____

Age _____ Gender: Male Female

Is this your first 5K? Yes No

Circle Shirt: Short-sleeve or Long Sleeve or no shirt=\$10

Circle Shirt size:
 Adult: Sm Med Large XL XXL XXXL
 Youth: Sm Med Large XL

- Circle Event:
- 5K Run/Walk (\$16)
 - 5K Walk Only (\$16)
 - Bike Ride (\$16)
 - 5K Run and Untimed Bike Ride (\$20)
 - 5K Walk and Untimed Bike Ride (\$20)
 - Kids 1/2 Mile Fun Run (\$10)
 - Timed Duathlon (\$20) Circle-Individual or Team

*New this year-Cost is only \$10 if you prefer not to receive a t-shirt - just circle event and no shirt option above

Emergency Info

Person to contact in case of emergency: _____

Phone: _____

Second Contact emergency: _____

Phone: _____

Please list any allergic reactions, serious injuries or special medical procedures: _____

Hospital Preferred: _____

Doctor: _____

Dentist: _____

I give my permission to the staff to secure a licensed physician in the case of an emergency to provide the necessary care.

Signature: _____
 (Parent or Guardian if under 18)

Date: _____

Please sign reverse side of form.
 Please make checks payable to: DFC Sports

