

Saturday May 28, 2022
At Damascus Friends Church
Registration / Check-in 7:30-8:55

2022 Celebrate Recovery 5K
REGISTRATION FORM

Or register online at RunSignUp.com.

5K Run/Walk or 5K Walk Race

(Walking category must walk entire race)
9:00 AM

\$17—early bird registration (guarantees short-sleeve or sleeveless performance t-shirt)

\$20—after 5/20/21

14 Mile Bicycle Ride (Ages 16+)
9:30 AM

This is not a race and is untimed. Experienced riders only and helmets are required. Bike check will take place between 8:00-9:20AM and bikes must pass inspection to participate. Bike riders should take a phone with them in case of needing assistance.

\$17 - for bike ride only or \$20 if you want to participate in both the 5K and untimed bike ride

Duathlon (5K Run and 14 mile Bike Ride)

9:00 AM

This event is timed with prizes for top 4 male and female overall finishers. Experienced riders only and helmets are required. Bikes must pass inspection. Riders must stop at all intersections.

\$20-Duathlon

Kids 1/2 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 5/20/20



After the Race, check out your times at Miles of Smiles—SmileyMiles.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 sleeveless shirt or no shirt=\$10

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

Circle Event:: Virtual (\$20)

- 5K Run/Walk (\$17)
- 5K Walk Only (\$17)
- Bike Ride (\$17)

5K Run and Untimed Bike Ride (\$20)

5K Walk and Untimed Bike Ride (\$20)

Kids 1/2 Mile Fun Run (\$10)

Timed Duathlon (\$20)

*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