



When: Promptly at 10:00 a m

Registration: Siren School opens at 8:00 a m

Fee: \$20 by Feb. 15th postmark, \$25 thereafter. Children ages 12 and under free, \$10 if they want a t-shirt. *** Registrations received after February 15th will not receive a t-shirt – So register early!**

Course: 5k (3.1 miles), starts at Siren School and finishes at Siren School
(A paved and friendly course! Please no bikes.)

Presented By: Burnett County Adolescent AODA Prevention Coalition (co-hosted by Family Resource Center)

Awards: Special awards to 1st male and female finishers! Medals to 1st three runners in each category:
Pre-Teen, 13-16, 17-19, 20's, 30's, 40's, 50+
***awards will also be given to the best dressed male and female, so have fun!**

Mission: We are a diverse community of organizations and individuals dedicated to preventing youth substance abuse by promoting a healthy environment and supporting safe choices.
Snack to all race participants will be provided at Siren School following the race.

Rooms available at The Lodge at Crooked Lake under "Shamwalk/run"; for more information or questions call Lil Piñero, at (715) 349-2155

St. Patrick's 5k Shamwalk/run

Please legibly print, complete, sign and mail this form, with your check, by the February 15rd postmark to:
Burnett County Adolescent AODA Prevention Coalition (BCAAPC) P.O. Box 381 Siren, WI 54872
Please make checks payable to: Burnett County Family Resource Center

**Denotes required information*

Note: 1 runner/walker per registration form; after February 15th postmark, please register morning of race.

First Name* _____ **Last Name*** _____

Mailing Address* _____

City* _____ **State*** _____ **Zip Code*** _____

Phone* _____ - _____ - _____ **Gender:** F M **Age*** _____ **on race day**

Email Address _____

Race Entered* Runner Walker **Date of Birth** (mm/dd/yyyy) ____/____/____

T-Shirt Size* YOUTH: S M L ADULT: S M L XL XXL 3XL

For early registrations, we will make every effort to provide you with your selected shirt size.

Amount enclosed: \$_____ (sorry, no refunds) **Interested in joining our coalition?** Y or N

Unfortunately I am unable to attend the Shamwalk/run 2012 but please **add/keep (circle one)** me on the mailing list for the 2013 Shamwalk/run.

Please Find my donation of \$_____ to BCAAPC enclosed. **(Please make checks payable to Burnett County Family Resource Center)**

WAIVER: In consideration of my signing this agreement, I enter this event at my own risk and assume any risk or responsibility for injuries I may incur as a direct or indirect result of participation in this event. I also agree not to hold liable any representatives or employees of the Burnett County Adolescent AODA Prevention Coalition, the Burnett County Family Resource Center, the Village of Siren, Township of Siren or the County of Burnett for said injuries. I also give Burnett County Adolescent AODA Prevention Coalition the irrevocable right to use my name and photograph in all forms of media and in all manners for event promotion, advertising, trade, or any lawful purposes, I waive the right to inspect or approve the finished product, including written copy that may be created in connection therewith.

Signature*: _____ **Date*:** _____

(Parent of participant if under 18 years old)



Burnett County Adolescent AODA Prevention Coalition

www.bcaapc.org