



**ONE FORM FOR EACH RUNNER PLEASE!
Maeve Run—July 18, 2020**



Name _____

Address _____

Phone _____ **Email** _____

For Race Results: Age on Race Day _____ **Gender** _____

Choosing your event: The **5Mile** replaces the 10K and is two laps through woods and farmland. The **5K** is two laps through woods and open fields. The **Fun Run** is two laps through woods and open fields, about 2.4k in length. The **Mini-Maeve** is for our young runners under 8 years old. **Spirit Runner** is for those who cannot join us on race day. Run when/where you can and we'll send you a shirt! **Teams** register as 3 or more runners in the same event, with registration discounted to \$25/runner if registering at the same time. **If you register 3 or more runners for different races, you will also receive the discount, but to be a team, you must be in the same event!**

Check Event:

	<u>Individual</u>	<u>Group</u>
<input type="checkbox"/> 5Mile Race —Must be at least 12 years old—9:00 AM	<u>\$30.00</u>	<u>\$25.00</u>
<input type="checkbox"/> 5K Race —Must be at least 12 years old—9:00 AM	<u>\$30.00</u>	<u>\$25.00</u>
<input type="checkbox"/> Fun Run —Must be at least 8 years old—9:00 AM	<u>\$30.00</u>	<u>\$25.00</u>
<input type="checkbox"/> Mini Maeve —Free without shirt, or \$5.00 with shirt—10:45 AM	\$ _____	
<input type="checkbox"/> Spirit Runner —Anytime!	<u>\$30.00</u>	

Team Name (if 3 or more runners in the same race): _____

Circle t-shirt size:*

Adult T-Shirt: XS S M L XL **Child T-Shirt:** XS(2-4) S(6-8) M(10-12) L(14-16) XL(18-20)

***Shirt included for 5Mile, 5K, Fun Run, and Spirit runners, but not guaranteed if register after June 30.**

Total Enclosed: \$ _____ *Make check payable to Maeve Gives Corporation.*

Waiver: *I, the undersigned, intending to be legally bound hereby, for myself, my heirs, executors, and administrators, waive and release any and all claims for damages I may have against the race organizers, the property owners, volunteers, and officials for any injuries suffered by me during the Maeve Memorial Run. I verify I am in good physical condition and have sufficiently trained for completion of the event, as verified by a licensed physician.*

Signature of participant: _____ **Date:** _____

Signature of parent/guardian if under 18: _____

Please mail all completed forms and payment to: **Jonathan Miller**
5595 Williams Road
North East, PA 16428

Register Online at www.maevegives.org!