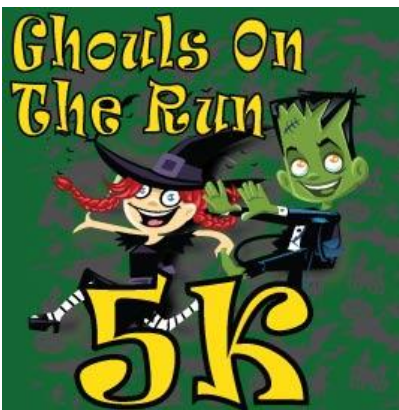


Bib # _____



Ghouls on the Run 5K – October 27, 2018

Please fill in ALL Questions and Print Legibly
 ALL Information is required in order to process your entry form

Participant Information

First Name:																													
Last Name:																													
Birth Date:			/		/																								
Email:																													
Phone:																													
Emergency Contact Name:																													
Emergency Contact Phone:																													

Circle the Price Below

Entry Fees	Race Day
5K – 13 and Over	\$35
5K – 12 and Under	\$25

Cash

cc

Check # _____

Make Check Payable to: Koz Events