



36<sup>th</sup> Annual

# SHAMROCK CLASSIC

## 5K RUN & WALK FOR CANCER

"River City Runners Series Event"



Saturday

March 18<sup>th</sup>, 2017

Race Time: 8:30am • Registration: 7-8am

Hermann Fine Arts Center, Marietta College

For more information call (740) 374-3657

Pre-registration fee of \$12<sup>00</sup> • Registration after March 11<sup>th</sup> is \$15<sup>00</sup>

Pre-registration must be postmarked by March 11<sup>th</sup>, 2017.

Limited supply of T-Shirts on race day. Go to [fryedental.com](http://fryedental.com) to download application.

*The Felicia M. Buell Thriver Fund Program will gift the Shamrock Race*

*fee for any runner or walker who currently or ever has been diagnosed with cancer!*

*Simply check the entry form box below. No payment due!*

### Shamrock Entry Form (Please photo copy for additional entry forms)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Age \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex:  Male  Female

• T-Shirt Size:  Small  Medium  Large  X-Large

• Event:  5K Run  5K Walk  Yes, I am a Cancer Thriver

• Age:  Under 10  10-14  15-19  20-24  25-29  30-34  35-39  40-44  45-49  50-54  
 55-59  60-64  65-69  70+

**PAYMENT** *(do not send cash)*  
Payments made to  
**Leslie Frye Living with Cancer Memorial Fund**  
Mail checks and applications to:  
**Shamrock Classic, P.O. Box 2131**  
**Marietta, OH 45750**

**WAIVER:** In consideration of your accepting my entry, I intend to be legally bound, do hereby for myself, waive, release and discharge any and all rights and claims for damages which I may have, or which may hereafter occur to me against the Shamrock Race committee, its volunteers, the City of Marietta and other sponsors and contributors, the persons or organizations affiliated for any and all injuries suffered by me in the Shamrock Classic events. I attest and verify that I am physically fit and sufficiently trained for this event.

Date \_\_\_\_\_ Signature of Participant/Parent or Guardian if under 18 years of age \_\_\_\_\_