









Universal Entry Form

NAM	ME OF RACE:
CASH/	CHECK PAYMENT
COST: \$	(See Race Reg. Page for specific Race Fee)seashorestriders.com
NAME	AGE
ZIP CODE	MALEFEMALE DIVISION NAME
E-MAIL	CELL
T-SHIRTYL, _	SM,MD,LG,XL
(Some Races hav	e Gender Specific T'sWS,WMD,WLG,WXLCheck Website)
EMERGENCY CO	NTACT NAME & NUMBER
MEDICAL COND	ITIONS TO SHARE WITH SS
this waiver, I for myself an	competing in a Run/Walk can be a hazardous activity. I should not enter unless I am medically able and properly trained. Having read and anyone acting in my behalf, waive, The Seashore Striders, The Seashore Strider Event Production, Inc. and all sponsors from all ng in my participation in this event. I give permission for the use of my name and photograph in connection with this event. Signature of parent/guardian required for children under 18.
Signature	
	SO IT ARRIVES BY MONDAY OF RACE WEEKT-Shirts are not eceived after Tuesday at 11 am.
MAIL TO:	
	Seashore Striders; C/O Tim Bamforth,
	9 Gander Lane, Lewes, DE. 19958









