

A CERTIFIED 5K RACE!

Camden Area Chamber of Commerce 2014 DAFFODIL FESTIVAL 5K RUN/WALK

Date & Time:

Saturday, March 8th, 8:00 A.M.

Meet at Woods Place, in Garden Oaks Shopping Center at Washington & Cash

Day of Race Registration: 7:15-7:45am

Entry Fee: Thru Feb. 28th: \$20.00

(includes one t-shirt *in your size choice*)

After Feb. 28th: \$25.00 (includes your choice of one t-shirt from those available AS-AXL)

Day of Race: \$25.00, 7:15-7:45 am

Packet Pick-Up:

Day before race at the Chamber office/ Camden Visitors Center before 4:00 p.m.

Day of race at 7:15 a.m. at Woods Place

Awards:

◆ **Top Male & Female Overall, Runners & Walkers**

◆ **Top 3 Runners, Male & Female, Each age division**

◆ **Top 3 Walkers, Male & Female, Each age division**

◆ **Top Student, Male & Female***

*Track students can run free when coaches sign them up. Optional 5K t-shirts are \$12.00.



- Age Divisions:**
- 14 and Under Male & Female
 - 15 – 19 Male & Female
 - 20 – 29 Male & Female
 - 30 – 39 Male & Female
 - 40 – 49 Male & Female
 - 50 – 59 Male & Female
 - 60 and Over Male & Female

Mail Entries to:

Camden Area Chamber of Commerce

2014 Daffodil Festival 5K Run/Walk

P.O. Box 99, Camden, AR 71711

Please make checks payable to:

Camden Area Chamber of Commerce 5K

Phone: 870.836.6426 Fax: 870.836.6400

Email: info@CamdenAreaChamberofCommerce.org

Be a Spirit Walker/Runner.

Would your child, friend or spouse like a t-shirt? Fill out the form below & select your t-shirt size(s) for \$12-\$15* each shirt.

VISIT CamdenDaffodilFestival.com for

Festival info. There is much to do and see

Please print clearly! Thank you!

5K Run

5K Walk

Spirit Walker/Runner*

*Shirt pick up at race or Chamber

Age on 03/08/2014

Last Name: _____ First: _____ MI: _____

Email address: _____ Gender: M F Date of Birth: ____/____/____

Address: _____ City: _____ State: _____ Zip: _____

Best Phone #: _____ Number* T-Shirts Desired: Adult: S ___ M ___ L ___ XL ___ 2X^{36/38} ___ 3X^{36/38} ___

◆ One shirt included with entry fee; otherwise, \$12 youth thru XL, \$15 2X & 3X.

*These sizes available only if ordered & paid for by Feb. 28th

How did you hear about our 5K? (Please be specific.) _____

Release: I know running, walking and volunteering to work in club races are potentially hazardous activities. I should not enter and participate in this race unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with running, walking and volunteering to work in club races including, but not limited to falls, contact with other participants, the effects of the weather, including high heat and/or humidity, the conditions of the road and traffic on the course, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the Camden Area Chamber of Commerce, Race Chairman, City of Camden, County of Ouachita, Volunteers, & all sponsors, their representatives & successors from all claims or liabilities of any kind arising out of my participation in the race and/or club activities even though liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I grant permission to all the foregoing to use

any photographs, motion pictures, recordings, posting of participants & race times, or any other record of this event for any legitimate purpose.

Signature: _____ Date: _____

Parent's Signature
if under 18 years: _____

Date: _____

Race Fee: _____
No. of Extra T-shirts x \$12: _____
x \$15: _____
Total: _____

Amount Paid: _____
\$ CK # _____
Date payment received: ____/____/14

(Please do not mark form below the dotted line. Thank you!)

T-Shirt(s) only

TRACK
STUDENT

FEMALE MALE

Age Division

Race
Number