



# Reedley Fiesta Walk/Run

Saturday, October 8, 2011

**WHEN I GROW UP**

EMPOWERING CHILDREN IN EXTREME POVERTY

## Sole to Soul Challenge

1. Register using the form below.
2. Invite 5 friends to join you.
3. Commit to raising \$100. Raise over \$100, and you have the chance to win prizes.
4. Donate an old pair of shoes.

### RACES

5 mile walk (non-competitive)	7:00 am
Kids 1/2 mile (boys & girls 10-12)	7:10 am
Kids 1/4 mile (boys and girls 8-9)	7:15 am
Kids 1/4 mile (boys and girls 6-7)	7:20 am
Kids 1/8 mile (5 and younger)	7:25 am
Kids 1/8 mile (Wheelchair)	7:27 am
5 mile run or 2 mile walk/run	7:35 am

### SIGN UP TODAY

**REGISTRATION FEE: \$20**  
**Kids 12 and under: \$6**

TO REGISTER,  
RETURN BOTTOM  
PORTION.  
Save top for race  
day details.

FOR MORE INFO CONTACT:  
SARA SCROGGINS  
SARA@WHENIGROWUP-GLOBAL.COM

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

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

Gender : Male Female

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

Age (on race day): \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_  
Primary Phone Number

(\_\_\_\_) \_\_\_\_\_  
Alternate Phone Number

Email: \_\_\_\_\_

\_\_\_\_\_  
School

\_\_\_\_\_  
Grade

### PLEASE CHECK YOUR EVENT AND CIRCLE THE CORRECT AGE GROUP AND SHIRT SIZE

<b>Kids 1/2 Run</b> 10 11 12	<b>Kids 1/4 Run</b> 6 7 8 9	<b>Kids 1/8 Run</b> 2 3 4 5	<b>Kids 1/8 Wheelchair</b> Age:
<b>2 Mile Run</b> 10-12 13-14 15-16 20-24 25-29 30-34 35-39 40-44 45-49 50-54 55-59 60-64 65-70 70-74 75+ Wheelchair	<b>5 Mile Run</b> 10-12 13-14 15-16 20-24 25-29 30-34 35-39 40-44 45-49 50-54 55-59 60-64 65-70 70-74 75+ Wheelchair	<b>2 Mile Walk</b> 0-39 40-59 60+ <b>5 Mile Walk</b> Non Competitive Race	<b>CIRCLE CORRECT T-SHIRT SIZE:</b> Youth: S M L Adult: S M L XL XXL

#### WAIVER MUST BE SIGNED OR FORM WILL BE REJECTED

I realize that no medical insurance is provided for the City of Reedley or When I Grow Up organization for this activity and agree to assume all risk for any injury related to participation or the participation of my dependent. I agree to make no claim against the City of Reedley or When I Grow Up organization or any of its officers, employees, or volunteers for any injury arising from this activity, however caused, including liability for negligence. I am (my dependent is) physically able to participate in this activity. I consent to any medical treatment I or my dependent needs while involved in this activity and I agree to pay for it.

\_\_\_\_\_  
Participant Signature (and/or Parent/Guardian if participant is under age 18)

\_\_\_\_\_  
Date

Office Use Only

Receipt # \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Cash / Check# \_\_\_\_\_ Rec'd from: \_\_\_\_\_