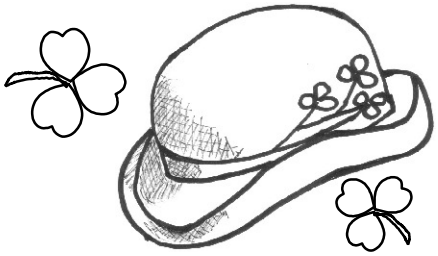
The 31st Annual
Brian Sturgeon / St. Patrick's Day Run and Walk
March 13, 2010



ON-LINE FORM TO PRINT AND USE FOR PRE-REGISTERING BY MAIL OR AT SIERRA RUNNING ON MARCH 10TH

EARLY REGISTRATION ADVISED as race day registration begins at 6:15 a.m. and ends at 7:15 a.m. for kids races and begins at 6:15 a.m. and ends at 8:00 a.m. for adult races.
T-SHIRT AND PACKET PICK UP at Sierra Running, Wednesday, March 10th, 10:00 a.m. to 7:00 p.m. Or on the morning of the race at Woodward Park in the Mountain View Shelter.
ENTRY FEES are based on the race you will be participating in, not on your age.
Kids Races (9 years of age and under) will be $9 until March 10th and $11 on the day of the race.
Adults and kids participating in 2-mile and 4-mile events will be $17 until March 10th and $22 on the day of the race.

Register on-line using our easy to use and safe on-line registration, or print this form, fill out bottom section, cut off, and mail to: United Cerebral Palsy (UCP), Attn: Brian Sturgeon Run, 4224 N. Cedar Ave., Fresno, CA 93726, by March 8th.
You may also bring your completed form to pre-registration at Sierra Running or bring to registration on day of event.

——— Cut Here ——— **Entry Form** ——— Cut Here ———

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Event takes place rain or shine! Sorry, no refunds; no transfer of number. Detach and return this portion with entry fee.
ONE PERSON PER ENTRY FORM. YOU MAY PHOTOCOPY THIS BLANK FORM.

(1) You may include a donation to UCP - in addition to your entry fee. Note amount donated here. _____ Everyone at UCP thanks you.
(2) Teams are welcome. Minimum of 6 members on a team. Team leaders contact teams@briansturgeonrun.com for more information.
Team name _____. We can forward run times for team members to team leader/company contact person.
See website for more information: www.briansturgeonrun.com

PLEASE PRINT CLEARLY - Bold Items Required

(3)_____
Last Name, (on line above) **First Name** (on line above)

(4)_____
Address

(5)_____
City, State, Zip

(6)(_____)_____ (_____)_____
Phone numbers (day time) (night time)

(7) Email:_____

(8) **Female** ___ **Male** ___

(9) **Age on day of race** _____

(10) I will be running in spirit only and not actually particpating. ___

(16) **Please mark race category.**
Runners may walk - walkers may not run - in 2-mile race.
Select t-shirt from available sizes when race packet is picked up.

KIDS 1/8 Mile	2-Mile WALK	2-Mile RUN	4-Mile RUN	EVENT T-SHIRTS
___ 1	___ 0-39	___ 14 & under	___ 14 & under	100%
___ 2	___ 40-49	___ 15-19	___ 15-19	Cotton
___ 3	___ 50-59	___ 20-24	___ 20-24	Adult sizes
KIDS 1/4 Mile	___ 60-69	___ 25-29	___ 25-29	Small
___ 4	___ 70+	___ 30-34	___ 30-34	Medium
___ 5		___ 35-39	___ 35-39	Large
___ 6		___ 40-44	___ 40-44	X-Large
KIDS 1/2 Mile	**WHEELCHAIR USERS ARE WELCOME**	___ 45-49	___ 45-49	XX-Large
___ 7		___ 50-54	___ 50-54	Child sizes
___ 8		___ 55-59	___ 55-59	Small
___ 9		___ 60-69	___ 60-69	Medium
		___ 70-74	___ 70-74	Large
		___ 75+	___ 75+	

(11) **Emergency Contact** _____ **Phone Number** (_____)_____

(12) **WAIVER:**
In consideration of the acceptance of my entry, I hereby release and discharge United Cerebral Palsy of Central California, its employees, the City of Fresno, race personnel, event sponsors, and all other parties involved, for claims and damages, demands, or actions whatsoever arising from my participation in this event. I attest to being fully trained and fit to participate and have full knowledge of the risks involved. I also give my permission for the free use of my name, picture, and/or voice in any broadcast, telecast, print account, or any other account in any medium of this event.

(13) **Dated:** _____

(14)_____
Participant's Signature

(15)_____
Parent or Guardian's Signature (If participant is under 18 years of age.)