The Caillet 5K

Benefiting Breast Cancer Patient Jessica Compretta Caillet
Saturday, October 3, 2009-8:00 AM
Bellegrass Community, Hattiesburg, MS (Off Hwy 589)
Make Checks payable to: The Caillet 5K
Mail to: The Caillet 5K, P. O. Box 62, Petal, MS, 39465
Do not mail after September 27, 2009
For more information log on to : **www.thecaillet5k.com** *or call 601-927-4477*
Print Information and Sign Entry Form

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Entry Fees: ☐ *$20 if received by Sept.18th ☐ $25 (Sept.19th -Oct.2nd) ☐ $30 race day
Snooze Runner ☐ $25 if received by Oct.2nd
Please accept my contribution to The Caillet 5k: $_____.
(Cash or Check Only) *If you are a snooze runner or making a contribution only please note in the memo portion of the check.*

First Name: _____ Last Name:_____

Address: _____

City :_____ State:_____ Zip:_____

Age on race day: _____ Sex: ☐ M ☐ F

Date of Birth _____/_____/_____ Shirt Size ☐S ☐ M ☐ L ☐XL

Day Phone: _____-_____-_____ Evening Phone_____-_____-_____

Email: _____

T-shirts will be included for those who register by Sept. 18th.
**Snooze Runners: if for some reason you cannot make it to the event a "snooze runner" can contribute $25 and an event T-shirt will be mailed to you.*
***The Caillet 5K is not an official charitable organization therefore cannot be considered as one for tax deduction purposes*

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Waiver/Release Must Be Signed Before Mailing:

In consideration of your accepting this entry, I, the undersigned, intending to be legally bound hereby, for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for damages I may have against The Caillet 5K officials, officers, sponsors, volunteers, Bellegrass Community, and their representatives, successors, and the Caillet Family, and assigns for any and all injuries suffered by me in this event, as well as all demands, actions or courses of action, and from all acts of active or passive negligence on the part of the above named parties in connection with the event. Moreover, I attest and verify that I am physically fit and will have sufficiently trained for the event.

_____ _____

Signature(parent or guardian if under 18)   **Date**