

# 36<sup>th</sup> ANNUAL GREAT PUMPKIN RUN

OCTOBER 25, 2014

SPONSORED BY:



The **Arlington Bank**

**ALMOSTfamily**

**CAREtenders**  
Excellence Through Senior Advocacy

<p><b>Race Day Registration</b> Grandview Middle School Gym 1240 Oakland Ave. Columbus, OH 43212 7:30-8:30a.m.</p>	<p><b>Cost</b> \$20.00 Pre-Registration \$25.00 Race Day Register on-line @ <a href="http://www.speedy-feet.com">www.speedy-feet.com</a></p>	<p><b>Race Starting Time</b> 9:00am T-shirts will be given to the first 500 entries</p>
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 National Church Residences EXCELLENCE THAT TRANSFORMS LIVES		 Your community. Your bank.	 Find a new place in life...	 Excellence Through Senior Advocacy	
	 A MacIntosh Community	 A MacIntosh Community			
	 INDIVIDUALS PLANNING				 Your Running and Walking Resource
			 It's your life. Plan for it.		 FIVE STAR SENIOR LIVING

Detach, return to: Grandview Parks & Recreation Department 1515 Goodale Blvd Cols. OH 43212

Please Print

Name: \_\_\_\_\_ Age: \_\_\_\_\_ (Male / Female) Shirt Size (S / M / L / XL)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone / Cell: \_\_\_\_\_ Email: \_\_\_\_\_

*In consideration of my entry, I am intending to be legally bound, for myself, my heirs, executors and administrators waive, release and forever discharge any and all rights, claims which I may hereafter occur to me against the City of Grandview Heights, Village of Marble Cliff and all sponsors and officials involved in the Great Pumpkin Run 5K while traveling to and from the event and participating or its respective officers, agents, representatives, successors and or assigns for any and all injuries suffered by me at this event. I Attest and certify that I am physically fit and sufficiently trained for the competition of this event.*

Participant/Guardian/Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Application must be signed by entrant to be processed) \*No dogs or roller blades permitted.

Pre-registration: Cut off by mail, 10/22<sup>nd</sup> and Walk in Cut off 10/24 by noon.

Check One: **VISA** Visa \_\_\_\_\_



MasterCard \_\_\_\_\_

**DISCOVER** Discover \_\_\_\_\_

Credit Card No. \_\_\_\_\_

Security Code No. \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Amount of Purchase: \_\_\_\_\_

Signature: \_\_\_\_\_ Print Cardholder's Name & Address: \_\_\_\_\_

Billing Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_