



# Celebrate Lakeview 1Mile Family Fun Run/Walk

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender: M or F

Shirt Size: S M L XL

Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_

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

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

## Emergency Contact

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

\*Return this form, along with your **\$10.00** Entry Fee and signed Waiver of Liability to:

Celebrate Lakeview  
PO Box 315  
Lakeview, AR 72642

**CHECK IN AT 9:30**