



Celebrate Lakeview 5K Challenge

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 \$20.00 Entry Fee and signed Waiver of Liability to:

Celebrate Lakeview
PO Box 315
Lakeview, AR 72642

CHECK IN AT 9:30