29th Annual Thanksgiving Cross Country Classic Online Entry Form

Print this form, fill it out, and mail it with a check payable to: TCCC c/o The Running Shop, 3055 N. Campbell Ave., Suite 153, Tucson, AZ 85719.

Name _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Email address _____

Date of birth ____/____/____ Age on 11/24/22 _____ Gender Male Female

Team Name (optional) Must be registered by November 22, 6:00 pm. _____

Shirt Size: (Please circle one)

Youth	Women's	Men's
S, M, L	S, M, L, XL	S, M, L, XL, XXL

REGISTRATION FEE SCHEDULE:

5K Early Registration: Postmarked by 11/16 or received at The Running Shop by 11/18:

SAR Member $25 ____
Non-SAR Member $27 ____

5K Late Registration: At The Running Shop 11/19-11/23:

SAR Member $28 ____
Non-SAR Member $30 ____

5K Race Day $35 ____

Fun Run Registration
Early Registration as above $15 ____
Late Registration as above $18 ____
Race Day Registration $20 ____

Donation to Toys for Tots (optional) ____
Donation to Team Hoyt AZ (optional) ____

TOTAL FEES PAID $ _____

Please read and sign the following waiver:
In consideration of the acceptance of this entry, I hereby, for myself and my heirs, executors and administrators, waive any and all rights, claims and damages I may accrue against the sponsors, coordination groups, City of Tucson, Tucson Parks & Recreation, Southern Arizona Roadrunners, Road Runners Club of America, USA Track & Field, The Running Shop, race directors Lucas Tyler and Sharon Bart, and any other individuals associated with said event. Also, none of the above is responsible for the loss of personal items nor any other form of aggravation in connection with said event. I have been warned I must be in good health to participate in the event. In filling out this form, I acknowledge that I am an amateur in such event. I also give permission for the free use of my name and picture in any broadcast, telecast, internet or print media account of this event. In filling out this form, I acknowledge I have read and fully understand my own liability and do accept the restrictions.

X _____
Signature (Parent or Guardian's Signature if under 18) Date