REGISTRATION FORM

Father Joe's 2009 Thanksgiving Day 5K **Register online at www.thanksgivingrun.org**

Mail Entry Forms and Payment to: Father Joe's Thanksgiving Day Run, c/o WB Productions,
PO Box 1868 Fallbrook, CA 92088

Mail-in Deadline: 11/7/09 One entry form per person; photocopies accepted.
This form is NOT VALID after 11/15/09. On race day, use form provided at registration table.

❒ Participant ❒ Team Name |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_| ❒ Team Leader

❒ Pledge Supporter ❒ FJV Employee Age on race day |_|_|_ Years participating 1 | 2 | 3 | 4 | 5 | 6 | 7

Please print clearly

First Name |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_| Last Name |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

Address |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_| City |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_

State |_|_ Zip |_|_|_|_|_ Email |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_| Phone |_|_|_- |_|_|_-|_|_|_|_

Gender M | F

Minimum Entry Donation
Children under age 5 on race day are free
Adult $28 after 11/7– $31 | Child $16 after 11/7 – $21

Entry Donation ... $ |_|_|_|_|_

Donation..... $ |_|_|_|_|_

Pie Order ..... $ |_|_|_|_|_

Total $ |_|_|_|_|_|_

Payment Information
Make checks payable to **St. Vincent de Paul Village**

❒ Check enclosed ❒ Visa ❒ MasterCard ❒AmEx ❒ Discover

Please PRINT name on credit card

First Name |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_| Last Name |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

Credit card # |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_| Exp. Date Mo |_|_ Yr |_|_ Security Code (back of card) |_|_|_

Signature _____Date __/___/__

WAIVER – Must be signed or application will be rejected. In consideration of 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 St. Vincent de Paul Village, Father Joe's Villages, KOZ Enterprises, City of San Diego and any and all sponsors and their representatives, successors, officers, and assigns for any and all injuries sustained and suffered by me during this run. I verify that I'm physically fit and sufficiently trained for this event and my physical condition has been verified by a licensed medical doctor. I consent to receive medical treatment, which may be deemed advisable in the event of injury or illness during the event. I understand that in the event this run cannot be held as scheduled due to act of God or circumstances beyond control, such as a national emergency, the run is not liable to refund any money paid by me to participate. I grant full permission to St. Vincent de Paul Village and/or Father Joe's Villages to use any photographs, video tapes, or other recordings of me that are made during the course of this event.

I have read and understand the above statement and hereby agree to the terms set forth therein.

Participant's Signature _____ Date __/___/__

Guardian Signature _____ Date __/___/__

(for participants under 18)

Entries from minors will only be accepted with parent or legal guardian's signature.
Failure to sign the above agreement invalidates registration.

5KG09