

YMCA SIDEWALK SHUFFLE 5K RUN | WALK

Wednesday July 10th • 12:10pm Start



Registration available at tempotickets.com/sidewalkshuffle

OR Complete this **REGISTRATION FORM** and return to the Member Service Desk with payment

CHOOSE THE IMPACT YOUR RACE WILL HAVE IN YOUR COMMUNITY!

The proceeds of this event go solely to the Duluth Y Community Support Campaign which enables the Y to provide access and opportunity for all in our community.

GROW TOGETHER | Basic Team \$125 | Individual \$25

Support a family in need with a month-long membership to the Duluth YMCA.



SAVE A LIFE | \$150 Team | \$50 Individual

Upgrade your race to provide life saving swim lessons to area youth.

HOP, SKIP, JUMP | \$175 Team | \$75 Individual

Encourage positive growth through youth sports and after-school programming.



FIND ADVENTURE | \$200 Team | \$100 Individual

Build an appreciation of the outdoors for youth to attend Day Camp Kitchigami.

PLAY C.A.T.C.H. | \$225 Team | \$125 Individual

Ensure kids learn healthy habits in the YMCA C.A.T.C.H. Kids Club program.



OTHER INFO

Teams consist of 5 people

A portion of your registration is a donation to the Y Community Support Campaign. Any Racer donation beyond the basic registration (\$125 Team | \$25 Individual) is tax deductible.

Racers will receive a 2019 Sidewalk Shuffle t-shirt if registered by **June 30th**.

QUESTIONS? Contact Laura at (218) 722-4745 x135 | lkozlowski@duluthymca.org

SIDEWALK SHUFFLE 5K INDIVIDUAL REGISTRATION

Registration form must be filled out completely and payment received at registration in order to participate.
Please print legibly.

First Name _____ Last Name _____ Birth Date: ____ / ____ / ____
**Email Address _____ Phone Number (____) _____

Street Address _____ City _____ State _____ Zip _____
**Notifications and updates about Sidewalk Shuffle will be sent out via email. Please provide a current emailing address.

Gender: Male Female Date of Birth: (____/____/____) Circle T-Shirt Size: S M L XL 2XL 3XL

Entry Fee (Choose your Racer Level Below):

- I want to Grow Stronger: \$25 I want to Save A Life: \$50
 I want to Hop, Skip, Jump: \$75 I want to Find Adventure: \$100
 I want to Play C.A.T.C.H.: \$125

Please add an additional donation to my race registration in the amount of : \$ _____.

Payment Information: Payment must be received at time of registration.

- Cash Check (payable to YMCA) Please take out of my account on file at the Y Credit or Debit Card

Credit/Debit Card Information:

Card Type _____ Card # _____ Exp _____ CVS _____

Knowingly and at my own risk, I hereby apply to enter this event and do hereby waive and release any and all claims for damages that I may incur as a result of my participation in this event. I agree not to hold any representative of the Duluth Area Family YMCA nor any organization associated responsible for said injuries. I further hereby certify that I have full knowledge of the risks involved in this event and am physically fit and sufficiently trained to participate. If, however, as a result of my participation in this event, I require medical attention, I hereby give my consent to authorized medical personnel to provide such medical care as deemed necessary by such authorized personnel. I also give the Duluth Area Family YMCA permission to use my name and any photographs, videotapes, recordings or any other record on my participating in this event for any publicity and/or promotional purposes without obligation or liability to me.

Signature _____

Date ____ / ____ / ____

MEMBER SERVICE DESK:

Payment Received Date: ____ / ____ / ____



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

SIDEWALK SHUFFLE 5K TEAM REGISTRATION

Team Name _____

Team Type: Co-ed All Female All Male

Contact Information:

Team Captain: _____

Business/Organization: _____

Email Address: _____ Phone Number: (____) _____

FIRST and LAST names. Please print clearly!

GENDER

DATE OF BIRTH

CIRCLE SHIRT SIZE

1. _____ **TEAM CAPTAIN (above name)** Male Female (____/____/____) S M L XL 2XL 3XL

2. _____ Male Female (____/____/____) S M L XL 2XL 3XL

Email Address: _____ Phone Number: (____) _____

3. _____ Male Female (____/____/____) S M L XL 2XL 3XL

Email Address: _____ Phone Number: (____) _____

4. _____ Male Female (____/____/____) S M L XL 2XL 3XL

Email Address: _____ Phone Number: (____) _____

5. _____ Male Female (____/____/____) S M L XL 2XL 3XL

Email Address: _____ Phone Number: (____) _____

Knowingly and at my own risk, I hereby apply to enter this event and do hereby waive and release any and all claims for damages that I may incur as a result of my participation in this event. I agree not to hold any representative of the Duluth Area Family YMCA nor any organization associated responsible for said injuries. I further hereby certify that I have full knowledge of the risks involved in this event and am physically fit and sufficiently trained to participate. If, however, as a result of my participation in this event, I require medical attention, I hereby give my consent to authorized medical personnel to provide such medical care as deemed necessary by such authorized personnel. I also give the Duluth Area Family YMCA permission to use my name and any photographs, videotapes, recordings or any other record on my participating in this event for any publicity and/or promotional purposes without obligation or liability to me.

Signatures:

Date

1. _____

____/____/____

2. _____

____/____/____

3. _____

____/____/____

4. _____

____/____/____

5. _____

____/____/____

Entry Fee (Choose your Racer Level Below):

I want to Grow Stronger: \$125

I want to Save A Life: \$150

I want to Hop, Skip, Jump: \$175

I want to Find Adventure: \$200

I want to Play C.A.T.C.H.: \$225



Please add an additional donation to my race registration in the amount of : \$ _____

FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Payment Information: Payment must be received at time of registration.

Cash

Check (payable to YMCA)

Credit or Debit Card

Credit/Debit Card Information:

Card Type _____ Card # _____ Exp _____ CVS _____

Please return completed form to: Duluth YMCA | 302 W 1st Street | Duluth, MN 55802 or email kozowski@duluthymca.org or fax 722.4746

Notifications and updates about Sidewalk Shuffle will be sent out via email. All participants must provide current emailing address.

MEMBER SERVICE DESK:

Payment Received Date: ____/____/____